

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
KIZZY JOYE,

08 Civ. 4998

Plaintiff,

**DECLARATION OF
OPPOSITION**

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

I, FREDERICK D. SCHMIDT, JR., ESQ., being of full age, declare and say under penalties of perjury:

1. That I am an attorney at law admitted to practice in the Southern District, associated with the LAW OFFICE OF JOHN P. HUMPHREYS, attorneys for the defendants, EDGAR MEZA OVANDO and JAIME LOPEZ, and as such am fully familiar with the facts of this case.

2. That I make this affirmation upon information and belief, the source of my information and belief being the files and records maintained in the LAW OFFICE OF JOHN P. HUMPHREYS.

3. This affirmation is submitted in opposition to the *sua sponte* Order to Show Cause which seeks to remand the instant matter to the Supreme Court of the State of New York for defendants' alleged failure to comply with 28 U.S.C. §1446(b).

4. It is respectfully submitted that defendants have demonstrated that the requirements of 28 U.S.C. §1446(b) are satisfied in their entirety and that this Court has original jurisdiction under 28 U.S.C. §1332(a) by reason of diversity of citizenship of the parties.

5. The above-entitled action was commenced in the Supreme Court of the State of New York, County of Bronx, by plaintiff's counsel, upon information and belief, on or about February 26, 2008 by service of a Summons and Verified Complaint on the defendants. Copies of plaintiff's Summons and Verified Complaint were received by the within defendants on or about March 17, 2008.

6. The instant action is one for recovery of damages sustained as a result of a motor vehicle accident. Plaintiff's Verified Complaint alleged that she sustained a "serious injury" as a result of the subject accident.

7. Defendants EDGAR MEZA OVANDO and JAIME LOPEZ served a Verified Answer to plaintiff's Verified Complaint on April 14, 2008. Along with defendants' Verified Answer, defendants served various discovery demands, including a Demand for a Verified Bill of Particulars and a Demand Pursuant to CPLR 3017(c), which demanded that the plaintiff set forth the total damages sought in each cause of action. Annexed as **Exhibit "A"**.

8. Plaintiff's Verified Complaint reflected that diversity of citizenship existed between the parties. Specifically, it alleged that defendant EDGAR MEZA OVANDO is a citizen of Texas, defendant JAIME LOPEZ is a citizen of Texas, and that defendant JENINE SHAW is a citizen of New Jersey.

9. The Verified Complaint did not specify the amount of damages claimed by plaintiff.

10. Plaintiff served a Verified Bill of Particulars which was received by defendants on or about May 2, 2008. Therein, plaintiff alleged that she received permanent injuries as a result of the underlying motor vehicle accident and asserted specified damages for economic loss received as a result thereof. Specifically, plaintiff alleged sustaining:

- Tears of the anterior and posterior glenoid labra of the right shoulder;
- Right shoulder joint effusion;
- Pavement burns to right foot;
- Severe right foot sprain;
- Pain and swelling at 4th and 5th toes of right foot;
- Lumbar sprain/strain;
- Cervical sprain/strain;
- Straightening of the normal cervical lordosis; and
- Pain and suffering.

See plaintiff Verified Bill of Particulars, ¶8(a) (“**Exhibit “B”**”). This is when this office first obtained a statement as to the injuries claimed.

11. Notably, plaintiff did not specify damages for non-economic loss which is very relevant given her age is about 31 years.

12. To date, plaintiff has not responded to defendants’ Demand Pursuant to CPLR 3017(c).

13. Defendants then filed a Petition for Removal with this Honorable Court on May 30, 2008, well within the 30 day time limit required by 28 U.S.C. §1446(b).

14. 28 U.S.C. §1446(b) permits removal of a civil action or proceeding provided that it be done within 30 days after receipt by the defendant of paperwork from which it may be ascertained that the case is one which is removable, provided that a case may not be removed more than 1 year after commencement of the action.

15. Here, the pleadings exchanged prior to May 2, 2008 did not permit the amount in controversy to be ascertained in good faith. If, and until, plaintiff serves a response to defendants’ Demand Pursuant to CPLR 3017(c) the precise alleged amount in controversy will remain unknown.

16. However, given plaintiff’s alleged injuries, noted above, as first pled in plaintiff’s
Verified Bill of Particulars and the allegation that she sustained a “serious injury” as defined by

New York State Insurance Law §5102(d), it seems reasonable that the amount in controversy will exceed the \$75,000 threshold contained in 28 U.S.C. §1332(a).

17. Defendants respectfully ask that the Court not allow precious judicial time and resources be wasted by remanding the matter to State Court, inasmuch as the plaintiff may continually detain defendants' Petition for Removal by delaying her response to defendants' demand for damages. Defendant would be stuck "between a rock and a hard place" as the one year period could elapse for removal without getting a response to the demand for damages.


18. Defendants believe there is a good faith basis for removal now as they are in possession of at least a Verified Bill of Particulars mentioning the above-claimed injuries.

19. The Court is respectfully directed to the annexed memorandum of law as to why this case should remain in the Court's jurisdiction as well as why the Petition for Removal was filed timely.

WHEREFORE, these defendants' request that the Order to Show Cause be denied in its entirety, together with such other relief as this Court deems just and proper.

I certify under penalties of perjury, under 28 U.S.C. §1746, that the above statements are true and correct.

Dated: New York, New York
June 12, 2008



BY: ~~FREDERICK D. SCHMIDT JR. (FDS8821)~~
LAW OFFICE OF JOHN P. HUMPHREYS
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
KIZZY JOYE,

08 Civ. 4998

Plaintiff,

-against-

Hon. Loretta A. Preska

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

**MEMORANDUM OF LAW IN OPPOSITION TO
PLAINTIFF'S ORDER TO SHOW CAUSE TO REMAND**

BRIEF STATEMENT OF FACTS

The Court's attention is respectfully directed to the accompanying Affirmation of Frederick D. Schmidt, Jr., Esq. which is submitted in opposition to plaintiff's Order to Show Cause which seeks to remand the instant matter to the Supreme Court of the State of New York for defendants' alleged failure to comply with 28 U.S.C. §1446(b) for a recitation of the relevant facts. Briefly, it is the position of the defendants, Edgar Meza Ovando and Jaime Lopez, that they have properly demonstrated that the requirements of 28 U.S.C. §1446(b) are satisfied in their entirety and that this Court has original jurisdiction under 28 U.S.C. §1332(a) by reason of diversity of citizenship of the parties.

POINT I

**THE COURT HAS ORIGINAL JURISDICTION OF THE INSTANT
MATTER PURSUANT TO 28 U.S.C. §§ 1332 AND 1446**

"Where ... jurisdictional facts are challenged, the party asserting jurisdiction must support those facts with 'competent proof' and justify [its] allegations by a preponderance of evidence." United Food Commercial Workers' Union v. CenterMark Properties Meridian Square, Inc., 30 F.3d 298, 305 (2d Cir.1994), citing McNutt v. General Motors Acceptance Corp., 298 U.S. 178, 189, 56 S.Ct. 780, 80 L.Ed. 1135 (1936).

The defendant "has the burden of proving that it appears to a reasonable probability that the claim is in excess of the statutory jurisdictional amount." Mehlenbacher v. Akzo Nobel Salt, Inc., 216 F.3d 291, 296 (2d Cir.2000), citing United Food, 30 F.3d at 305. "To determine whether that burden has been met, [courts] look first to the [plaintiff's] complaint and then to [defendants'] petition for removal." Mehlenbacher, 216 F.3d at 296.

Moreover, “[w]here the pleadings themselves are inconclusive as to the amount in controversy ... federal courts may look outside those pleadings to other evidence in the record.” United Food, 30 F.3d at 305, Osorai v. Airbus Industrie, 2008 WL 545009 (E.D.N.Y.).

Here, based on the injuries alleged by plaintiff, as plead in plaintiff’s Verified Bill of Particulars and her allegation that she sustained a “serious injury” as defined by New York State Insurance Law §5102(d) and the enclosed medical reports, it seems reasonable that the amount in controversy will exceed the \$75,000 threshold contained in 28 U.S.C. §1332(a).

POINT II
THE PETITION FOR REMOVAL IS TIMELY
PURSUANT TO 28 §U.S.C. 1446

28 U.S.C. §1446(b) provides, in pertinent part, that:

If the case stated by the initial pleading is not removable, a notice of removal may be filed within thirty days after receipt by the defendant ... of a copy of an amended pleading, motion, order or other paper from which it may first be ascertained that the case is one which is or has become removable

In Whitaker v. American Telecasting, Inc., 261 F.3d 196 (2d Cir. 2001), the Second Circuit held that the “triggering event” to begin the thirty day limitations period of §1446(b) for removal purposes began on the defendant’s receipt of the “initial pleading”. The Court defined “initial pleading” for §1446(b) removal purposes as “any pleading (and not necessarily the complaint) containing sufficient information to enable the defendant to intelligently ascertain the basis for removal.” *Id.* at 198.

In Pinson v. Knoll, Inc., 2007 WL 1771554 (S.D.N.Y.), the Court recognized that a pleading, which does not include an *ad damnum* clause in the complaint, thus complying with

N.Y.C.P.L.R. §3017(c), is not an “initial pleading” as articulated in Whitaker, and does not trigger the thirty day window articulated in §1446(b).

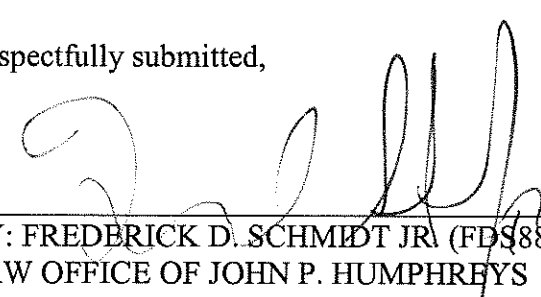
Here, plaintiff’s complaint did not include an *ad damnum* clause. The “initial pleading” for removal purposes, if one has yet to be served, was plaintiff’s Verified Bill of Particulars. It is respectfully submitted that defendants’ Petition for Removal is timely, inasmuch as defendants filed the Petition for Removal within thirty days of receiving plaintiff’s Verified Bill of Particulars.

CONCLUSION

For all of the foregoing reasons, the defendants Edgar Meza Ovando and Jaime Lopez respectfully request that this Honorable Court deny plaintiff’s Order to Show Cause in its entirety together with such other and further relief as this Court deems just, proper and equitable.

Dated: New York, New York
June 12, 2008

Respectfully submitted,



BY: FREDERICK D. SCHMIDT JR. (FDS8821)
LAW OFFICE OF JOHN P. HUMPHREYS
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

VERIFIED ANSWER

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

C O U N S E L O R:

The Law Office of JOHN P. HUMPHREYS, as attorney and on behalf of defendants JAIME LOPEZ AND EDGAR MEZA-OVANDO d/b/a 3 BULLS TRUCKING, answering the Verified Complaint of the plaintiff herein, upon information and belief, respectfully alleges:

1. Denies any sufficient knowledge or information to form a belief as to the truth or falsity of the allegations contained in the paragraphs of the Complaint designated "1", "2", "3", "4", "5", "12" and "13".

2. Denies each and every allegation contained in the paragraphs of the Complaint designated "6", "11", "15", "16", "17" and "18".

3. Denies each and every allegation contained in the paragraphs of the Complaint designated "9", "19" and "20", and refers all questions of law to the Court.

AS AND FOR A FIRST AFFIRMATIVE DEFENSE

4. That by entering into the activity in which plaintiff was engaged at the time of the occurrence set forth in the Complaint, said plaintiff knew the hazards thereof, the risks inherent thereto and had full knowledge of the dangers thereof; that whatever injuries and damages were sustained by plaintiff as alleged in the Complaint arose from and were caused by reason of such

inherent risks voluntarily undertaken by the plaintiff in his/her activities and such risks were assumed and accepted by him/her in performing and engaging in said activities.

AS AND FOR A SECOND AFFIRMATIVE DEFENSE

5. That the plaintiff's alleged damages representing the cost of medical care, dental care, custodial care or rehabilitation services, loss of earnings or other economic loss were or will, with reasonable certainty, be replaced or indemnified, in whole or in part, by or from a collateral source and this Court shall, pursuant to CPLR Section 4545(c), reduce the amount of such alleged damages by the amount such damages were or will be replaced or indemnified by such collateral source.

AS AND FOR A THIRD AFFIRMATIVE DEFENSE

6. This party's responsibility for non-economic loss, if any, which is expressly denied herein, is less than 50% of any responsibility attributed to any tortfeasor, whether or not a party hereto, who is or may be responsible for the happening of plaintiff's alleged accident and, thus, this party is entitled to a limitation of damages as set forth in CPLR Article 16.

AS AND FOR A FOURTH AFFIRMATIVE DEFENSE

7. The injuries and damages allegedly sustained by plaintiff were caused in whole or in part by the culpable conduct of plaintiff, including negligence and assumption of risk, as a result of which the claim of plaintiff is therefore barred or diminished in the proportion that such culpable conduct of plaintiff bears to the total culpable conduct causing the alleged injuries and damages.

AS AND FOR A FIFTH AFFIRMATIVE DEFENSE

8. Upon information and belief plaintiff failed to mitigate damages.

AS AND FOR A SIXTH AFFIRMATIVE DEFENSE

9. That the plaintiff has failed to join, as defendants, all necessary and proper parties in this action.

AS AND FOR A SEVENTH AFFIRMATIVE DEFENSE

10. Plaintiff's injuries, if any, were caused by the culpable conduct of parties other than the answering defendant and over when defendant had no control.

AS AND FOR AN EIGHTH AFFIRMATIVE DEFENSE

11. That if it is determined that plaintiff failed to use available seatbelts, defendant hereby pleads such fact in mitigation of damages.

AS AND FOR A NINTH AFFIRMATIVE DEFENSE

12. That plaintiff's own actions were the sole proximate cause of any claimed injuries sustained by plaintiff.

AS AND FOR A TENTH AFFIRMATIVE DEFENSE

13. That this action is barred by reason of the fact that plaintiff did not sustain a "serious injury" as defined in Section 5102 of the Insurance Law and, thus, has no right of recovery under Sec. 5104 of the Insurance Law.

***AS AND FOR A CROSS-CLAIM FOR COMMON LAW NEGLIGENCE
AGAINST CO-DEFENDANT JENINE SHAW, THIS DEFENDANT
ALLEGES THE FOLLOWING:***

That if plaintiff was caused to sustain injuries and/or damages at the time and place set forth in the Complaint through any carelessness, recklessness and/or negligence other than the plaintiff's own, such damages were sustained in whole or in part by any reason of the

carelessness, recklessness and negligence and/or negligent acts of omission or commission of co-defendant, its agent(s), servant(s) and/or employee(s).

Further, if plaintiff should recover judgment against this answering defendants, the co-defendant shall be liable to this defendant on the basis of apportionment of responsibility for the alleged occurrence and these defendants are entitled to contribution from and judgment over and against co-defendant for all or part of any verdict or judgment which plaintiff may recover in such amounts as a jury or Court may direct.

These defendants demand judgment dismissing the Complaint herein as to the answering defendants, and further demands judgment over and against co-defendant for the amount of any judgment which may be obtained herein by plaintiff against these answering defendants or in such amount as the Court or jury may determine, together with the costs and disbursements of the action.

WHEREFORE, defendants, demand judgment dismissing the Verified Complaint together with the costs and disbursements of this action.

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN P. HUMPHREYS
FREDERICK D. SCHMIDT JR.
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff.

**DEMAND PURSUANT
TO CPLR 3017(c)**

-against-

JENINE SHAW, EDGAR MEZA
OVANDO and JAIME LOPEZ,

Defendants.
-----X

C O U N S E L O R:

Pursuant to CPLR §3017(c) within fifteen (15) days from the date of service of this request, you are hereby required to set forth the total damages to which plaintiff deems himself/herself entitled and list same separately for each cause of action.

Dated: New York, New York
April 11, 2008

LAW OFFICE OF JOHN P. HUMPHREYS
FREDERICK D. SCHMIDT JR.
Attorneys for Defendants
**JAIME LOPEZ AND EDGAR MEZA-
OVANDO d/b/a 3 BULLS TRUCKING**
485 Lexington Avenue, 7th Floor
New York, NY 10017
(917) 778-6600
Matter No.: 0913855FS

TO:

ROSENBAUM & ROSENBAUM
Attorneys for Plaintiff
50 Broadway, 26th Floor
New York, NY 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

ATTORNEY VERIFICATION

Frederick D. Schmidt, Jr., affirms as follows:

I am an attorney at law admitted to practice in the Courts of the State of New York, and am associated with The Law Office of JOHN P. HUMPHREYS, attorneys for defendants, **JAIME LOPEZ AND EDGAR MEZA-OVANDO d/b/a 3 BULLS TRUCKING** in the within action, and as such, I am fully familiar with all the facts and circumstances therein.

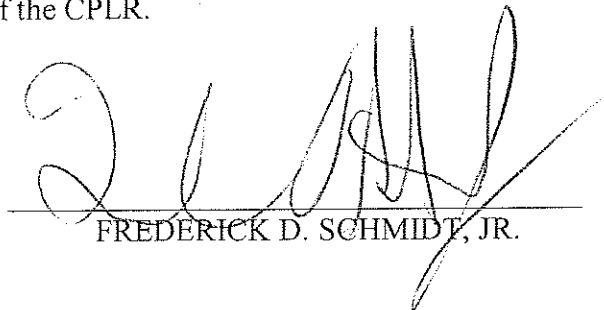
That the foregoing Answer is true to the knowledge of affirmant, except as to those matters therein stated to be alleged upon information and belief, and that as to those matters affirmant believes it to be true.

Affirmant further states that the reason that this verification is made by affirmant and not by defendants is that the defendants are not within this County of New York where affirmant maintains his/her office.

Affirmant further states that the sources of her knowledge and information are reports of investigations, conversations, writings, memoranda, and other data concerning the subject matter of the litigation.

The undersigned attorney affirms that the foregoing statements are true, under the penalties of perjury pursuant to Rule 2106 of the CPLR.

Dated: New York, New York
April 11, 2008



FREDERICK D. SCHMIDT, JR.

STATE OF NEW YORK
COUNTY OF NEW YORK

**AFFIDAVIT OF SERVICE
BY MAIL**

I, MARIA PIZZO, being duly sworn, deposed and says that deponent is a secretary of the LAW OFFICE OF JOHN P. HUMPHREYS, attorneys for one of the parties herein; is over 18 years of age; is not a party to the action. The deponent served the papers noted below by regular mail, the same securely enclosed in the postage paid wrapper in the Letter Box maintained and exclusively controlled by the United States Postal Service at 485 Lexington Avenue, New York, New York 10017; directed to the said attorney(s) at the address indicated below; that being the address within the state designated by said attorney(s) for that purpose, or the place where said attorneys(s) then kept an office, between which places there then was and now is a regular communication by mail as follows:

Date mailed: April 14, 2008

Papers Served: VERIFIED ANSWER WITH COMBINED DEMANDS

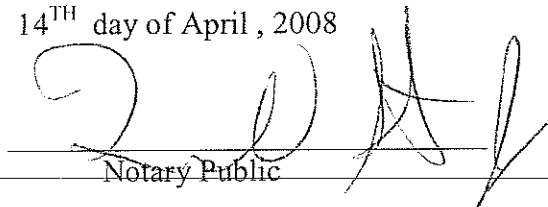
TO:

ROSENBAUM & ROSENBAUM, P.C.
Attorneys for Plaintiff
50 Broadway, 26th Floor
New York, New York 10004
(212) 514-5007

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102


MARIA PIZZO

Sworn to before me this
14TH day of April, 2008


Notary Public

FREDERICK D. SCHMIDT, JR.
Notary Public, State of New York
No. 4942786
Qualified in Westchester County
Commission Expires Oct. 3, 2010

2010

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
KIZZY JOYE,

Index No.: 301553/08

Plaintiff,

-against-

**VERIFIED BILL OF
PARTICULARS**

JENINE SHAW, EDGAR MEZA OVANDO
and JAIME LOPEZ,

Defendants.

-----X

Plaintiff, by her attorneys, ROSENBAUM & ROSENBAUM, P.C., in response to the Defendants, JAIME LOPEZ and EDGAR MEZA-OVANDO d/b/a 3 BULLS TRUCKING, by their attorneys, LAW OFFICE OF JOHN P. HUMPHREYS's demand, sets forth the following as and for her Verified Bill of Particulars:

1. Upon information and belief, the accident occurred on April 22, 2007 at approximately 9:00 P.M.
2. The accident occurred on the George Washington Bridge, Upper Level, Eastbound, Lane 6 at Post 20. Plaintiff also refers defendants to the accident report.
3. Upon information and belief, Defendant, JENINE SHAW of 40 A Spruce Street, Newark, N.J. 07102 was the owner and operator of vehicle 1. Defendant, EDGAR MEZA OVANDO of P.O. Box 1691, Hidalgo, Texas 78557 operated vehicle 2. Defendant, JAIME LOPEZ of 3605 N. Champagne, Pharr, Texas 78577 is the owners of vehicle 2.
4. Plaintiff was a passenger in a 2002 Toyota with New Jersey State license plate number VJC844. Defendants were the owners and operators of a 1999 KW tractor trailer with Texas State license plate number R7B-430.

5. The vehicles were facing eastbound on the George Washington Bridge. Plaintiff refers defendants to the accident report.

6. Not applicable.

7. Upon information and belief, the accident was caused by defendants' EDGAR MEZA OVANDO and JAIME LOPEZ negligence in the ownership, operation control and maintenance of their tractor trailer motor vehicle; in causing, allowing and permitting their motor vehicle to be operated at a greater rate of speed than care and caution would permit under the circumstances; in failing to provide and/or make timely and adequate use of brakes, signaling devices, horns and steering mechanisms; in failing to keep a safe distance between their vehicle and the vehicle in which plaintiff was a passenger; in failing to stay within its own lane; in colliding with a stopped vehicle; in failing to observe and be alert to traffic signals and road conditions then and there existing; in failing to maintain their motor vehicle in optimum functional condition; in failing to observe and be alert to the traffic conditions then and there existing; in failing to reasonably maintain and control their vehicle; in failing to yield the right of way; and was otherwise negligent in failing to properly manage, operate and control their motor vehicle resulting in the collision of said motor vehicles, causing injuries to plaintiff, without any fault or want of care on the part of the plaintiff contributing thereto.

8. (a) By reason of the negligence of defendants, the plaintiff sustained the following injuries which were caused, activated, aggravated and/or exacerbated by defendants actions:

- I. Tears of the anterior and posterior glenoid labra of the right shoulder;
- II. Right shoulder joint effusion;
- III. Pavement burns to right foot;
- IV. Severe right foot sprain;

V. Pain and swelling at 4th and 5th toes of right foot;

VI. Sprains of right 4th and 5th toes;

VII. Lumbar sprain/strain;

VIII. Cervical sprain/strain;

IX. Straightening of the normal cervical lordosis; and

X. Pain and suffering.

(b) Upon information and belief, all injuries claimed herein are permanent in

nature.

(c) Plaintiff received treatment from the following medical providers:

New York-Presbyterian Hospital
622 West 168th Street
New York, New York 10032

Bronx Medical Health Services
3626 Bailey Avenue
Bronx, New York 10463

Lenox Hill Radiology & Medical Imaging
61 East 77th Street
New York, New York 10021

Oasis Acupuncture, P.C.
10 Hillside Place
Elmsford, New York 10523

9. (A) Plaintiff, KIZZY JOYE, was confined to bed for approximately 2 months following the accident;

(B) Plaintiff was confined to home for approximately 2 months following the accident;

(C) Plaintiff was treated and released at New York Presbyterian Hospital on April 22, 2007.

10. (A) Plaintiff, KIZZY JOYE was born on April 28, 1977. Plaintiff is not known by any other names than that set forth above. Plaintiff's social security number is 107-60-2242;

(B) Plaintiff was employed as a Collections Clerk;

(C) Plaintiff was employed by Time Warner Cable located at 5120 Broadway, New York, New York 10034;

(D) Plaintiff was earning \$13 per hour at the time of the accident and was working 20 hours per week. Plaintiff would also receive a monthly bonus of \$450.00;

(E) Not applicable;

(F) Plaintiff missed 2 months from work from April 23, 2007 through approximately June 26, 2007.

11. The following are the total amounts claimed as special damages as incurred by plaintiff, KIZZY JOYE:

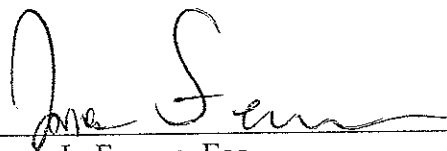
a)	Hospital, clinic or other medical	-	\$1,500.00
b)	X-rays	-	Included above
c)	Physicians	-	Not applicable
d)	Nurses	-	Not applicable
e)	Medical supplies:	-	Not applicable
f)	Loss of earnings	-	\$3,000.00
g)	Other special damages		Not applicable

12. Plaintiff, KIZZY JOYE, sustained a serious injury as defined in the Insurance Law, Section 5102(d) in that she sustained a permanent loss of use of a body organ, member, function or system; permanent consequential limitation of use of a body organ or member; significant limitation of use of a body function or system; and/or a medically determined injury or impairment of a non-permanent nature which prevented the plaintiff from performing substantially all of the material acts which constituted his usual and customary daily activities for not less than 90 days during the 180 days immediately following the occurrence of the injury or impairment.

13. Plaintiff, KIZZY JOYE, resides at 1510 Jesup Avenue, Apt. 1-7, Bronx, New York 10452.

14. Upon information and belief, defendants violated the following: New York Vehicle and Traffic Law § 375(1), §1180, §1212, §1128, §1129. Plaintiff also states that the Court will take Judicial Notice of all other laws, rules, regulations and ordinances that are applicable to the occurrence and/or violated herein.

Dated: New York, New York
April 29, 2008


James L. Ferrara, Esq.
ROSENBAUM & ROSENBAUM, P.C.
Attorney(s) for Plaintiff(s)
50 Broadway, 26th Floor
New York, New York 10004
(212) 514-5007

To: LAW OFFICE OF JOHN P. HUMPHREYS
Attorney(s) for Defendant(s)
JAIME LOPEZ and EDGAR MEZA OVANDO
D/b/a 3 BULLS TRUCKING
485 Lexington Avenue, 7th Floor
New York, New York 10017
(917) 778-6600
File No.: 0913855FS

JENINE SHAW
Co-Defendant
40 A Spruce Street
Newark, New Jersey 07102

VERIFICATION

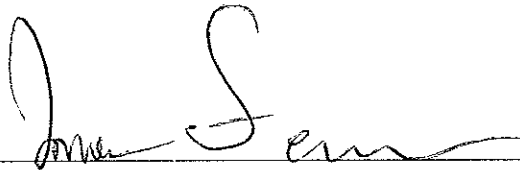
STATE OF NEW YORK - COUNTY OF NEW YORK

I, **James L. Ferrara**, an attorney associated with the **ROSENBAUM & ROSENBAUM, P.C.**, the attorney of record for the plaintiff in the within action; I have read the foregoing ***BILL OF PARTICULARS***, and know the contents thereof; the same is true to my own knowledge, excepted as to those matters therein stated to be alleged upon information and belief, and as to those matters, I believe it to be true. The reason this Verification is made by me and not by plaintiff, is that plaintiff resides outside of the county in which I maintain my law office.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows: a review of the file maintained by this office, books records and investigation.

I affirm that the foregoing statements are true, under penalties of perjury.

Dated: New York, New York
April 29, 2008

A handwritten signature in black ink, appearing to read 'James L. Ferrara', written over a horizontal line.

By: James L. Ferrara
ROSENBAUM & ROSENBAUM, P.C.
Attorney(s) for Plaintiff(s)
50 Broadway, 26th Floor
New York, New York 10004
(212) 514-5007



U082462

New York-Presbyterian

The University Hospital of Columbia and Cornell

EMERGENCY SERVICES TRIAGE

DATE: 4/22/07 TIME: 10pm

NAME: Kizzy Oye

AGE: 29 CHECK ONE: ☐ MALE ☒ FEMALE

MENTAL STATUS:

PERSON ☒ PLACE ☒ TIME ☒

PATIENT STATEMENT/CHIEF COMPLAINT:

ASSESSMENT: TIME:

Immunizations: ☐ Tetanus < 5 yrs
☒ Tetanus > 5 yrs

Pain: 1 2 3 4 5 6 7 8 9 10

Character

Duration

Frequency

PAST MEDICAL HISTORY:

ALLERGIES:

MAINTENANCE MEDICATIONS:

LAST TETANUS:

LMP:

NURSE'S SIGNATURE:

TITLE:

ARRIVED VIA: ☒ AMBULANCE ☐ WALK
☐ WHEELCHAIR ☐ OTHERPATIENT CLASSIFICATION: ☐ EMERGENT ☒ URGENT ☐ NON-URGENT

NAME OF PRIMARY M.D.:

ACCOMPANIED BY:

TIME	TRIAL								
10pm									
TEMP	<input type="checkbox"/> 97.4	<input type="checkbox"/> 97.5	<input type="checkbox"/> 97.6	<input type="checkbox"/> 97.7	<input type="checkbox"/> 97.8	<input type="checkbox"/> 97.9	<input type="checkbox"/> 98.0	<input type="checkbox"/> 98.1	<input type="checkbox"/> 98.2
BP	100/60								
PULSE	83								
RESP	18								
O ₂ SAT	100%								
PEF	Pro								
INITIAL	SP								

STATUS PER ACR

Domestic Violence: are you here because you are now or have been physically hit, hurt, or frightened by someone important in your life? ☐ Yes ☒ No
Would you like to speak to a social worker? ☐ Yes ☒ No

Advanced Directive:

Do you have a Health Care Proxy? ☐ Yes ☒ No

If yes, Name, Telephone #:

If no, do you wish to see someone about obtaining one? ☐ Yes ☒ NoPAIN: 10
Character: sharp
Duration: 10 min
Frequency: 10 times
PAST MEDICAL HISTORY: Asthma Legally Blind Lt eye

ALLERGIES: Shellfish

MAINTENANCE MEDICATIONS: Albuterol Singulair

LAST TETANUS: AA LMP: Nov

NURSE'S SIGNATURE: [Signature]

TITLE:

DATE	TIME	PROGRESS NOTES
		<input type="checkbox"/> Attend <input type="checkbox"/> PGY <input type="checkbox"/> PA <input type="checkbox"/> NP <input checked="" type="checkbox"/> Student

2473713

KIDNEY

6-13-08 3:3497

Hyper extended
distal (R) footNo pain at base of 4th/5th
toesMild swelling + pain +
base of 4th/5th toes
rest of foot/ankle

X-ray

Ap: Sprain 4th/5th toes
NSAIDs

SUPERVISING ATTENDING PHYSICIAN NOTE

☐ I reviewed resident's HX, PE and AP and personally assessed pt.

Signature: _____

Cast shoe

O. J. [Signature]

☐ See Continuation Sheet

TIME	IV SITE	IV SOLUTION	RATE	BAG VOLUME	AMT. INFUSED	MEDS	P.O.	URINE	R.N. INITIAL
							INTAKE	OUTPUT	

4

Agency ID	Branch #	Shift #	Today's Date	1st Resp. Agency	Call #
0502	17	3	04/22/07		3265

Call Times (24hr)		Mileage (Odometer)		Crew Member ID		Vehicle Unit #		Requested by	
Time Call Received	Patient Contact Time	Start	Driver To Scene Hosp.	1	Documenter	1	3	911	Private
2109	2116	0.0	1	2108		1	3		
Dispatched	Left Scene	On Scene	2	8307					
2109	2136	0.2	3						
En Route	At Destination	At Destination	4						
2109		1.1	5						
On Scene	In Service								
2111									

Run Disposition	Dispatch Reason	Run Type	Destination Determination	Transport From	Transport To Code
<input type="checkbox"/> Treated / Transported	EMD Code	<input type="checkbox"/> Emergency (Immediate)	<input type="checkbox"/> Nearest Facility	1 <input type="checkbox"/> Home / Residence	5 <input type="checkbox"/> Transport From Code
<input type="checkbox"/> Treated / Transferred Care	<input type="checkbox"/> Non-Emergency	<input type="checkbox"/> Mutual Aid	<input type="checkbox"/> Weather / Supervisor	2 <input type="checkbox"/> Residential, Custodial Facility	<input type="checkbox"/> Transport To Code
<input type="checkbox"/> Treated / No Transport	<input type="checkbox"/> Interfacility =	<input type="checkbox"/> Stand-By	<input type="checkbox"/> Law Enforcement	3 <input type="checkbox"/> Scene of Accident or Acute Event	<input type="checkbox"/> Educational Inst.
<input type="checkbox"/> Transported / Refused Care	<input type="checkbox"/> Intercept	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Hospital Diversion	<input type="checkbox"/> Farm	<input type="checkbox"/> Street/Hwy
<input type="checkbox"/> Cancelled			<input type="checkbox"/> Medical Protocol	<input type="checkbox"/> Industrial Place	<input type="checkbox"/> Other
<input type="checkbox"/> Pronounced Dead			<input type="checkbox"/> Online Physician	<input type="checkbox"/> Mine / Quarry	<input type="checkbox"/> Unspecified
<input type="checkbox"/> Treat/Transport Private Veh.			<input type="checkbox"/> Mass Casualty	<input type="checkbox"/> Public Building	
<input type="checkbox"/> No Transport/Refused Care			<input type="checkbox"/> Special Resources	<input type="checkbox"/> Recreation/Sport	
<input type="checkbox"/> Other				4 <input type="checkbox"/> Site of Transfer	
<input type="checkbox"/> No Patient Found				(Between Ambulances)	

Incident Address	(Check the Box if same as Transport From Code)	Apt. Number
W 178 FT WASHINGTON AVE		
City	County Code	State / Prov.
NEW YORK		NY
Zip Code		

First Name	MI	Last Name	Apt. Number	County Code	Age
K1724		JOYE	1045		29
Street Address	(Check the Box if same as Incident Address)	State / Prov.	Zip Code	Gender	Weight
1095 UNIVERSITY AVE		NY	10452	M	380
City					
BRONX					

Home Phone	Social Security Number	Date of Birth
646-408-7925	107602242	04-28-1977
Medicare #	Medicaid #	Ethnicity
		<input type="checkbox"/> Unknown <input type="checkbox"/> Black, Hispanic
		<input type="checkbox"/> Asian <input type="checkbox"/> Native American
		<input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander
		<input type="checkbox"/> White <input type="checkbox"/> White, Hispanic

Insurance Company Name	Payer ID
Policy Number	Group Number

Policy Holder First Name	Policy Holder Last Name	Same As Patient	Phone
Guarantor First Name (Needed if under 18 or Disabled)	Guarantor Last Name	Same As Patient Address	Phone

Airway	Breathing	Circulation (Skin)	(Pupils)	Glasgow
<input checked="" type="checkbox"/> Patent	Rate	Color	Reacts	
<input type="checkbox"/> Partially Obstructed	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Sluggish	
<input type="checkbox"/> Stridor	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Unreactive	
<input type="checkbox"/> Choking	<input type="checkbox"/> Labored	<input type="checkbox"/> Pale	<input type="checkbox"/> Dilated	
<input type="checkbox"/> Drooling	<input type="checkbox"/> Shallow	<input type="checkbox"/> Flush	<input type="checkbox"/> Constricted	
<input type="checkbox"/> Grunting	<input type="checkbox"/> Apneic	<input type="checkbox"/> Temp.		
<input type="checkbox"/> Difficulty Swallowing	<input type="checkbox"/> Irregular	<input type="checkbox"/> Normal		
<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Lung Sounds	<input type="checkbox"/> Hot		
<input type="checkbox"/> Intercostal Retraction	<input type="checkbox"/> Clear	<input type="checkbox"/> Cool		
<input type="checkbox"/> Other	<input type="checkbox"/> Wet	<input type="checkbox"/> Cold		
<input type="checkbox"/> Completely Obstructed	<input type="checkbox"/> Wheeze	<input type="checkbox"/> Cond.		
	<input type="checkbox"/> Diminished	<input type="checkbox"/> Normal		
	<input type="checkbox"/> Absent	<input type="checkbox"/> Diaphoretic		
		<input type="checkbox"/> Moist		
		<input type="checkbox"/> Dry		

Provider Impression	Medication Summary
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Alcohol Intox. Suspect
<input type="checkbox"/> GI - Bleed	<input type="checkbox"/> Alcohol Intox Severe
<input type="checkbox"/> GI - Constipation	<input type="checkbox"/> Animal Bite
<input type="checkbox"/> GI - Diarrhea	<input type="checkbox"/> Assault Firearms
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Assault Sexual
<input type="checkbox"/> Vomiting Blood	<input type="checkbox"/> Fall 2X Height
<input type="checkbox"/> Nausea	<input type="checkbox"/> Fall > 20 ft
	<input type="checkbox"/> Fall
	<input type="checkbox"/> Fight / Brawl
	<input type="checkbox"/> Fire
	<input type="checkbox"/> Firearm Material

Major Injuries	Minor Injuries
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Laceration
<input type="checkbox"/> Neck Injury	<input type="checkbox"/> Abrasion
<input type="checkbox"/> Chest Injury	<input type="checkbox"/> Contusion
<input type="checkbox"/> Abdominal Injury	<input type="checkbox"/> Bruise
<input type="checkbox"/> Pelvic Injury	<input type="checkbox"/> Swelling
<input type="checkbox"/> Extremity Injury	<input type="checkbox"/> Tissue Injury
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Cancelled <input type="checkbox"/> Pronounced Dead <input type="checkbox"/> Treat/Transport Private Veh <input type="checkbox"/> No Transport/Refused Care <input type="checkbox"/> Other <input type="checkbox"/> No Patient Found		Type (01-99) Priority (A-O) Desc (1-9) Lights/Siren Upgraded Downgraded To Scene To Destination		Interfacility = <input type="checkbox"/> Stand-By <input type="checkbox"/> Intercept <input type="checkbox"/> Scheduled		<input type="checkbox"/> Hospital Diversion <input type="checkbox"/> Medical Protocol <input type="checkbox"/> Online Physician <input type="checkbox"/> Mass Casualty <input type="checkbox"/> Special Resources		<input type="checkbox"/> Patient Physician <input type="checkbox"/> Other Diverted From Code Diverted Time		3 Scene of Accident or Acute Event <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Farm <input type="checkbox"/> Industrial Place <input type="checkbox"/> Mine / Quarry <input type="checkbox"/> Public Building <input type="checkbox"/> Recreation/Sport		(i.e. Hosp, SNF) 5 Transport To Code					
Incident Address (Check the Box if same as Transport From Code) W 178 FT WASHINGTON AVE City NEW YORK County Code NY State/Prov NY Zip Code 10045 Apt. Number 1045										4 Site of Transfer (Between Ambulances) # of Patients Transported 1 # of Patients at Scene 1							
First Name K1729 Mi Last Name JOYE Street Address (Check the Box if same as Incident Address) 1095 UNIVERSITY AVE City BROOKLYN State/Prov NY Zip Code 10450 Apt. Number 1045 Home Phone 646-408-7423 Social Security Number 107602242 Date of Birth 04-28-1977 Medicare # Medicaid # Insurance Company Name Payer ID Policy Number Group Number Policy Holder First Name Policy Holder Last Name Same As Patient Address Phone Guarantor First Name (Needed if under 18 or Disabled) Guarantor Last Name Same As Patient Address Phone										Ethnicity: <input type="checkbox"/> Unknown <input type="checkbox"/> Black, Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> White, Hispanic <input type="checkbox"/> Auto Ins. <input type="checkbox"/> Private Ins. <input type="checkbox"/> Supplemental <input type="checkbox"/> Workers Comp. <input type="checkbox"/> Self Pay							
Airway Breathing Circulation (Skin) L (Pupils) R (Pupils) GBS/GW																	
<input checked="" type="checkbox"/> Patent Partially Obstructed <input type="checkbox"/> Stridor <input type="checkbox"/> Choking <input type="checkbox"/> Drooling <input type="checkbox"/> Grunting <input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Intercostal Retraction <input type="checkbox"/> Other Completely Obstructed		Rate Quality <input type="checkbox"/> Normal <input type="checkbox"/> Unlabored <input type="checkbox"/> Slow <input type="checkbox"/> Labored <input type="checkbox"/> Rapid <input type="checkbox"/> Shallow <input type="checkbox"/> Apneic <input type="checkbox"/> Irregular L Lung Sounds R <input type="checkbox"/> Clear <input type="checkbox"/> Wet <input type="checkbox"/> Wheeze <input type="checkbox"/> Diminished <input type="checkbox"/> Absent		Color Normal Cyanotic Pale Flush Temp. Normal Hot Cool Cold Cond. Normal Diaphoretic Moist Dry Hives Itchy Rash Swollen Erythema Cap. Refill <2Sec >2Sec Absent Edema Normal 1+ 2+ 3+ Pitting		Reacts <input type="checkbox"/> Sluggish <input type="checkbox"/> Unreactive <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted NSR 10 20 PVC's >6 S. Tach. Bi / Trigem S. Brady. AV Block PAC's Junctional SVT V. Tach A. Flutter V. Fib Atrial Fib. Asystole PVC's Paced		Eyes <input type="checkbox"/> 4 Spontaneous <input type="checkbox"/> 3 To Speech <input type="checkbox"/> 2 To Pain <input type="checkbox"/> 1 Not at all Orientated Confused Inappr. Words Inappr. Sounds None Obey's Command Localized Pain Withdraws to Pain Flexes to Pain Extends to Pain None									
Mechanism of Injury (Check the Box if applicable) Abdominal Pain Cardiac Arrest * Carbon Mon. Poison GI - Bleed Asthma Symptoms Obvious Death GI - Constipation Hyperventilation Hemorrhage (severe medical) GI - Diarrhea Dyspnea-SOB Shock Vomiting Apnea Trauma Injury (matrix) Vomiting Blood Cough W/Blood Post-Op Complication Nausea Airway Obstruction Eye Symp. (no trauma) Dehydration Symp. Pulmonary Edema Restraints Required Urinary Bleeding Pneumonia Symptoms Monitoring Required Urination Problem Respiratory Failure Seclusion Required Anxiety Respiratory Arrest Behavioral Disorder Newborn Special Handling Depression (acute) Ob / Gyn Isolation Required Anxiety OB-GYN (complicated) Positioning Required Weakness Flu Symptoms Unknown Medical Psychiatric Emerg. Elevated Temp/Fever No Medical Problem Falls (no trauma) Sore Throat (1) Other PI (2) Trauma Nose Bleed (severe) Level Conscious Allergic Reaction Gaze Medication Reaction Stroke * Diabetic Symptoms Unconscious Back Pain (no trauma) Diastolic Symptoms Hyperthermia St Pain Hypothermia Cope / Fainting Poisoning														Alcohol Intox. Suspect Fall 2X Height Alcohol Intox Severe Fall > 20 ft Animal Bite Fall Assault Firearms Fight / Brawl Assault Sexual Fire Assault Stabbing Hazardous Materials Bicycle Accident Machinery Blunt Trauma Med. Device Failure Burn/Scald-Non Fire MVA / Bicycle * Diving Injury MVA / Fixed Object * Near Drowning MVA / MVA * Drug Overdose MVA Non-Traffic * Elderly Abuse MVA to Pedestrian * Electrocution Smoke Inhalation Excessive Cold Suicide Excessive Heat NA Unknown		Injury Intent: <input type="checkbox"/> Unintentional <input type="checkbox"/> Unknown <input type="checkbox"/> Other MOI <input type="checkbox"/> Intentional * <input type="checkbox"/> N/A <input type="checkbox"/> Intentional Self	
Chief Complaint MY FOOT IS BURNING																	

X-Ray of Foot, 3 Views 2007-04-23 00:08

Document Number	TX
Examination Type	RFOOT 3 VIEWS
Clinical Information	PAIN BASE OF 4TH/5TH TOES
Impression	No displaced fracture or dislocation.
Description	History: Pain at base of the fourth and fifth toes. Findings: Three views of the right foot dated 4/23/07 reveal no evidence of a displaced fracture or dislocation. No other bony abnormality is seen.
Dictated by	RASIEJ, MICHAEL
Attending Radiologist	REAGAN, KATHLEEN
Ordering Physician	HODGES, KIMBERLEE J. M.D.
Dictation Date	04/23/2007
Typing Date	04/23/2007 03:20
Transcriber	msi
Number	XV07-20744
Electronic signature	Attending Radiologist REAGAN, KATHLEEN Images Reviewed, Report Edited and Signed by: KATHLEEN REAGAN M.D. 04/23/200720:17

Status: final, Accno XV07-20744

2473313 • JOYE, KIZZY • 1977-04-28 • F

OASIS ACUPUNCTURE PC
 10 HILLSIDE PLACE
 ELMSFORD, NY 10523
 914-909-2089
 ID#: 20-5006945
 NIVEDITA REVANKAV LAC LAC SS#:
 Wednesday April 30, 2008

Patient : KIZZY JOYE #1116
 Itemized Statement: 04/27/2007 - 04/30/2008
 DOB : 04/28/1977
 Onset date : 04/22/2007

Mail to:
 KIZZY JOYE
 1510 JESSUP AVE
 BRONX, NY 10452

Insured
 KIZZY JOYE
 1510 JESSUP AVE
 BRONX NY 10452
 DOB: 04/28/1977
 Policy#: NJP58169##491764

Insurance Carrier (primary)
 MERCURY INDEMNITY
 PO BOX 5919
 BRIDGEWATER NJ 08807

Current Diagnosis
 719.40 PAIN IN JOINT SITE UNS
 784.0 HEADACHE

Date	Description	Amount
04/27/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
04/27/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
04/30/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
04/30/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/02/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/02/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/04/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/04/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/07/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/07/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/09/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/09/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/15/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/15/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/16/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/16/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/18/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/18/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/22/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/22/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/29/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/29/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
05/31/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
05/31/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/05/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/05/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/07/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/07/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/12/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/12/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/13/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/13/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/15/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/15/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/18/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/18/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
06/20/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
06/20/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
07/16/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
07/16/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
07/30/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
07/30/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00

Page 2 Patient: KIZZY JOYE

Date	Description	Amount
08/06/07	Payer payment Chk#111016... applied to svcs: 05/29/07 - 06/12/07	\$ -380.00
08/13/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
08/13/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
08/23/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
08/23/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
08/27/07	97813 ACUPUNCTURE INITIAL 15 MIN W/ES	\$ 50.00
08/27/07	97814 ACUPUNCTURE ADDITIONAL 15 MIN W/ES	\$ 45.00
09/10/07	Payer payment Chk#111016... applied to svcs: 06/13/07 - 06/20/07	\$ -304.00
09/10/07	AS PER FEE SCHEDULE applied to svcs: 06/13/07 - 06/20/07	\$ -76.00
09/24/07	Payer payment Chk#111017... applied to svcs: 07/16/07 - 07/16/07	\$ -76.00
09/24/07	AS PER FEE SCHEDULE applied to svcs: 07/16/07 - 07/16/07	\$ -19.00
10/04/07	Payer payment Chk#111017... applied to svcs: 07/30/07 - 08/27/07	\$ -364.37
10/04/07	AS PER FEE SCHEDULE applied to svcs: 07/30/07 - 08/27/07	\$ -15.63

Total Sales Tax	:	\$	0.00
Total Late Charges	:	\$	0.00
Total Interest Charges	:	\$	0.00
Patients-Cash Rcvd	:	\$	0.00
Patients-Chks Rcvd	:	\$	0.00
Patients-Crdt Crd	:	\$	0.00
Payer Payments	:	\$	1124.37
AS PER FEE SCHEDULE	:	\$	110.63

Total Charges	:	\$	2280.00
Total Received	:	\$	1124.37
Total Adjustment	:	\$	110.63
Balance (based on search)	:	\$	1045.00

Acupuncture Initial Exam

Patient Name: Joye, Kizzu

DOB: 4/28/77

Date of Accident: 4/22/07

Exam Date: 4/27/07

History:

☒ The patient stated that he/she was a driver/front seat/rear seat passenger behind the driver/ behind the passenger of a car/ bus/truck/ bicycle/motorcycle, when it was involved in a collision with another vehicle. *Pl. went to Columbia Presbyterian. She was in the process of getting into the car when she was hit.*

☐ The patient was sitting in the driver's /passenger's seat of the parked car when the car was struck by another motor vehicle.

☐ The patient was hit by a motor vehicle while crossing the street.

He/She ☐ was ☐ was not working at the time of the accident.

Chief Complaints:

Mediators up and down legs. C7 to L5/B channels
can't move
R foot - 4th + 5th digits → feels numb; HFA (R side - tingling)

Past Medical History:

Asthma (also Cingular); legally blind in R eye

Examination

Postural Observation:

The patient's posture was observed during examination. The patient's posture was

☐ Poor ☒ Good ☐ Unremarkable

Other Postural Findings: _____

Muscle Tension:

Upon examination the patient was found to have pain and tightness of:

N/A Neck ☐ Left ☐ Right ☐ Bilaterally

Shoulders ☐ Left ☐ Right ☐ Bilaterally

Mid Back ☐ Left ☐ Right ☐ Bilaterally

Low Back ☐ Left ☐ Right ☐ Bilaterally

Other Areas _____

Cervical Ranges of Motion:

Examination of the patient's cervical ranges of motion revealed the following:

N/A Flexion ☐ Restricted ☐ Not Restricted

Extension ☐ Restricted ☐ Not Restricted

Right Rotation ☐ Restricted ☐ Not Restricted

Left Rotation ☐ Restricted ☐ Not Restricted

Right Lat. Flexion ☐ Restricted ☐ Not Restricted

Left Lat. Flexion ☐ Restricted ☐ Not Restricted

Lumbar Ranges of Motion:

Examination of the patient's lumbar ranges of motion revealed the following:

N/A Flexion ☐ Restricted ☐ Not Restricted

Extension ☐ Restricted ☐ Not Restricted

Right Rotation ☐ Restricted ☐ Not Restricted

Left Rotation ☐ Restricted ☐ Not Restricted

Right Lat. Flexion ☐ Restricted ☐ Not Restricted

Left Lat. Flexion ☐ Restricted ☐ Not Restricted

Palpation:

Palpation of meridians indicated pain and/or sensitivity along the following pathways:

☒ Urinary Bladder ☒ Gall Bladder ☐ Small Intestine ☒ Large Intestine ☐ San Jiao

Other Palpation findings: St, Liv, SP, Kid

Pain Level: ☐ No Pain ☐ Mild ☐ Moderate ☒ Very Painful ☐ Severe

Additional Examinations :

TMC Tongue Analysis: sturdy

Pulse: thready

Impression:

Based upon my examination of the patient today, my initial TCM diagnosis

is: Qi + Blood St

☒ Taiyang (SI/UB) ☒ Shaoyang (GB/SJ)
☒ Yangming (LI/St) ☒ Taiyin (Lu, Sp)
☒ Shaoyin (Ht, Kid) ☒ Jueyin (PC, Liv)
☐ Du ☐ Ren

Other

Treatment Plan:

Based upon my findings, I recommend Acupuncture treatment 3 times per week, with a re-evaluation after 2 weeks. The patient should continue regular treatment until relief and/or correction is observed through continued clinical observation. The patient's progress will be monitored during each treatment session. All findings and results will be recorded in SOAP note format for each treatment.

Prognosis: ☒ Guarded ☐ Poor ☐ Excellent

[Signature]
Acupuncturist Signature

4/27/02
Date

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF BENEFITS FORM**

(FOR ACCIDENTS ON AND AFTER 3/1/02)

I, Kizzzy Soye, ("Assignor") hereby assign to _____ ("Assignee") all
(print patient name)

rights, privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (The No-Fault Statute) of the Insurance Law. The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained due to the motor vehicle accident, which occurred on 04/22/2007, not withstanding any other agreement to the contrary.

(print accident date)

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Kizzzy Soye
(Print Name of Patient)

x [Signature]
(Signature of Patient)

(Date of Signature)

(Address)
x Jeanette K. K. L.
(Print Provider Name)

x [Signature]
(Signature of Provider)

3626 Bailey Avenue, Bronx, NY 10463
(Address of Provider)

4/27/07
(Date of Signature)

NYS FORM NF-AOB (REV 1/2004)

END OF FORM

AUTHORIZATION

I FURTHER AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AND RECORDS OF INFORMATION TO THE PROVIDER LISTED IN THE NYS FORM NF-AOB, ITS REPRESENTATIVES, OR ASSIGNS AND SPECIFICALLY WAIVE ANY PRIVILEGE THAT MAY BE ASSOCIATED THEREWITH.

x [Signature]
(Signature of Patient)

4/27/07
(Date of signature)

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

Joye, Kizzey

DOA

4/22/07

Treatment Zones:

Lower Back

Upper Back

Neck

Shoulder

Hip

Knee

Headache (R top)

Elbow

Wrist

Ankle

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 48

GB 21

GB 20

LJ 15, 16

GB 29, 30

ST 34, 35, 36

LJ 4

LJ 10, 11, 12

LJ 5

ST 41

UB 13, 14

SI 3, 11, 12, 13, 14, 15

TH 17

SI 9, 10

KID 10

GB 34

TH 10, 11

SI 5, 6

SP 5

BL 60, 62

LU 8, 9

HT 6, 7

KID 3

Foot R

3/20/08

DATE	SYMPTOMS	TREATMENT	PLAN	COMMENTS
4/22/07	R foot	R-GB 9, C13 (ES)	2x weekly 2 weeks	Pt. tolerated tx well
4/30/07	(R) foot pain	(R) L4, S3 (ES)		Cont Tx
5/2/07	(R) foot pain	(R) L13, GB 41 (ES)		Pt does not want Ac on hands Prefers local Tx
5/4/07	(R) foot pain	(R) L13, GB 41 (ES)		Cont Tx
5/7/07	(R) foot pain	(R) L13, UB 60 (ES)		Pain w/ flexion of toes lateral foot Cont Tx

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

Kizzy Doye

DOA

4/22/07

Treatment Zones:

Lower Back

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 48

Upper Back

GB 21 TH 15 SI 3, 11, 12, 13, 14, 15 UB 13, 14

Neck

GB 20 TH 10 TH 17

Shoulder

LI 15, 16 TH 14 SI 9, 10

Hip

GB 29, 30

Knee

ST 34, 35, 36 SP 9, 10 GB 34 KID 10

Headache

LI 4

Elbow

LI 10, 11, 12 SI 8 TH 10, 11 HT 3

Wrist

LI 5 TH 4 SI 5, 6 LU 8, 9 P 6, 7 HT 6, 7

Ankle

ST 41 GB 40 SP 5 LV 4 BL 60, 62 KID 3

DATE

SYMPTOMS

TREATMENT

PLAN

COMMENTS

5/9/07	(R) foot pain UB ch.	(L) UB 60, 65 (ES)		Cent Tx	25-6
5/18/07	R ft p	R-GB 41, UB 65 (ES)		cont tx	25-6
5/18/07	R shoulder N/A	GB 21 (ES)			
5/18/07	LP P eval L w/2 leg, R AP	GB 41 (ES) AP in lat (LE)			
5/22/07	R LBP -	L- lighter A B m's 2nd P m S m ch (ES)		cont tx	

part in hand

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

King Jay

DOA

4/22/07

Treatment Zones:

Lower Back

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 48

Upper Back

GB 21 TH 15 SI 3, 11, 12, 13, 14, 15 UB 13, 14

Neck

GB 20 UB 10 TH 17

Shoulder

LI 15, 16 TH 14 SI 9, 10

Hip

GB 29, 30

Knee

ST 34, 35, 36 SP 9, 10 GB 34 KID 10

Headache

LI 4

Elbow

LI 10, 11, 12 SI 8 TH 10, 11 HT 3

Wrist

LI 5 TH 4 SI 5, 6 LU 8, 9 P 6, 7 HT 6, 7

Ankle

ST 41 GB 40 SP 5 LV 4 BL 60, 62 KID 3

DATE	SYMPTOMS	TREATMENT	PLAN	COMMENTS
5/2/07	R LBP	L- L5/S1, D6/P1, D7/B1 (E)		Out tx; CBP under table eval. then needles
5/2/07	NP/UBP	GB21, S5, S15 (E)		cont tx
5/5/07	NP (R)	R- GB21, S15, A- S15 (E) (E)		cont tx
5/7/07	R foot pain	R- GB34, GB41 (E)	3x week/ 4 weeks	R foot pain - feels like sharp pain CBP - with needles NP/UBP - better > 4x better
5/11/07	R knee numbness	L- An-sin on (cont) 4th digit (E)		cont tx

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

Joseph, Kizzy

DOA

4/2/07

Treatment Zones:

Lower Back

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 48

Upper Back

GB 21 TH 15 SI 3, 11, 12, 13, 14, 15 UB 13, 14

Neck

GB 20 UB 10 TH 17

Shoulder

LI 15, 16 TH 14 SI 9, 10

Hip

GB 29, 30

Knee

ST 34, 35, 36 SP 9, 10 GB 34 KID 10

Headache

LI 4

Elbow

LI 10, 11, 12 SI 8 TH 10, 11 HT 3

Wrist

LI 5 TH 4 SI 5, 6 LU 8, 9 P 6, 7 HT 6, 7

Ankle

ST 41 GB 40 SP 5 LV 4 BL 60, 62 KID 3

DATE	SYMPTOMS	TREATMENT	PLAN	COMMENTS
6/14/07	R foot pain	L-SI 3, 5, 33 (ES)		Cont Tx
6/15/07	R foot pain	SP 6, GB 34, UB 64 ST 43		Cont. tx
6/18/07	(R) Foot pain	(R) UB 60, 64, GB 41 (ES)		Cont Tx
6/20/07	(R) Foot pain / 3 rd toe numb	(R) GB 40, 2 Ashi bet 2 nd & 3 rd web (ES)		Cont Tx
7/16/07	(R) Foot pain	(R) GB 40, LV 3, GB 42 (ES)		Cont Tx

3626 Bailey Avenue
Bronx, NY 10463

Patient's Name

Joye Kizzy

DOA

4/22/07

Treatment Zones:

Lower Back

BL 22, 23, 24, 25, 26, 27, 28, 31, 32, 43

Upper Back

GB 21 TH 15 SI 3, 11, 12, 13, 14, 15 UB 13, 14

Neck

GB 20 UB 10 TH 17

Shoulder

LI 15, 16 TH 14 SI 9, 10

Hip

GB 29, 30

Knee

ST 34, 35, 36 SP 9, 10 GB 34 KID 10

Headache

LI 4

Elbow

LI 10, 11, 12 SI 8 TH 10, 11 HT 3

Wrist

LI 5 TH 4 SI 5, 6 LU 8, 9 P 6, 7 HT 6, 7

Ankle

ST 41 GB 40 SP 5 LV 4 BL 50, 62 KID 3

DATE	SYMPTOMS	TREATMENT	PLAN	COMMENTS
7/30/07	(R) foot pain	(R) GB 40, Ba Xie (ES)	2x/week For 4 week	(R) Foot - 0/10 HA - 0/10 Cont 7x
8/13/07	(R) Foot pain	(R) GB 40, WS 60, GB 41 (ES)		Cont 7x
8/27/07	(R) FP	(R) GB 40, 41, WS 60		Cont 7x
8/27/07	(R) foot tightness	(R) GB 40, 42, 2 Ashi web of pinky, 4th toe. (ES)	1 x/week For 2 weeks	Pt claims no foot pain only tightness 0/10

Bronx Medical Health Services, PC
 3626 Bailey Avenue
 Bronx, NY 10463
 718-601-1713
 ID#: 11-3544727
 Wednesday August 15, 2007

Patient : Kizzy Joye #2741
 Itemized Statement: 05/04/2007 - 08/15/2007
 DOB : 04/28/1977
 Onset date : 04/22/2007

Mail to:
 Kizzy Joye
 1510 Jesup Avenue apt #1-7
 Bronx NY 10452

Insured
 Kizzy Joye
 1510 Jesup Avenue apt #1-7
 Bronx NY 10452
 DOB: 04/28/1977
 Policy#:

Insurance Carrier (primary)
 Mercury Indemnity Company of Americ
 P. O. Box 5919
 Bridgewater NJ 08807

Attorney
 Craig Rosenbaum, Esq.
 50 Broadway Suite 26th floor
 New York NY 10004

Employer

Date	Description	Amount
05/04/07	99205 Medical Doctor Initial Visit	\$ 154.30
05/07/07	97001 Physical therapy initial EVAL	\$ 80.02
05/07/07	97010 hot/cold pack	\$ 20.03
05/07/07	97014 electrical stimulation	\$ 22.48
05/09/07	97010 hot/cold pack	\$ 20.03
05/09/07	97014 electrical stimulation	\$ 22.48
05/11/07	97010 hot/cold pack	\$ 20.03
05/11/07	97014 electrical stimulation	\$ 22.48
05/11/07	97124 Massage	\$ 22.14
05/15/07	97010 hot/cold pack	\$ 20.03
05/15/07	97014 electrical stimulation	\$ 22.48
05/15/07	97124 Massage	\$ 22.14
05/15/07	97010 hot/cold pack	\$ 20.03
05/15/07	97014 electrical stimulation	\$ 22.48
05/15/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
05/17/07	97010 hot/cold pack	\$ 20.03
05/17/07	97014 electrical stimulation	\$ 22.48
05/17/07	97124 Massage	\$ 22.14
05/18/07	97010 hot/cold pack	\$ 20.03
05/18/07	97014 electrical stimulation	\$ 22.48
05/18/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
05/22/07	97010 hot/cold pack	\$ 20.03
05/22/07	97014 electrical stimulation	\$ 22.48
05/22/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
05/29/07	97010 hot/cold pack	\$ 20.03
05/29/07	97014 electrical stimulation	\$ 22.48
05/29/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
05/31/07	97010 hot/cold pack	\$ 20.03
05/31/07	97014 electrical stimulation	\$ 22.48
05/31/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/05/07	97010 hot/cold pack	\$ 20.03
06/05/07	97014 electrical stimulation	\$ 22.48
06/05/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/07/07	97010 hot/cold pack	\$ 20.03
06/07/07	97014 electrical stimulation	\$ 22.48
06/07/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/12/07	97010 hot/cold pack	\$ 20.03
06/12/07	97014 electrical stimulation	\$ 22.48
06/12/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/14/07	97010 hot/cold pack	\$ 20.03
06/14/07	97014 electrical stimulation	\$ 22.48
06/14/07	97110 52 Therapeutic Exercises Modified	\$ 25.09

Page 2 Patient: Kizzy Joye

Date	Description	Amount
06/15/07	97010 hot/cold pack	\$ 20.03
06/15/07	97014 electrical stimulation	\$ 22.48
06/15/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/18/07	95903 NCV Right Peroneal Motor	\$ 166.47
06/18/07	95903 NCV Right Tibial Motor	\$ 166.47
06/18/07	95904 NCV Right Sural Sensory	\$ 106.47
06/18/07	95903 NCV Left Peroneal Motor	\$ 166.47
06/18/07	95903 NCV Left Tibial Motor	\$ 166.47
06/18/07	95904 NCV Left Sural Sensory	\$ 106.47
06/18/07	95934 NCV Right S1	\$ 119.99
06/18/07	95934 NCV Left S1	\$ 119.99
06/18/07	99214 Medical Follow Up Visit - Med. Complex	\$ 71.49
06/20/07	97010 hot/cold pack	\$ 20.03
06/20/07	97014 electrical stimulation	\$ 22.48
06/20/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
06/27/07	97010 hot/cold pack	\$ 20.03
06/27/07	97014 electrical stimulation	\$ 22.48
06/27/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
07/16/07	97010 hot/cold pack	\$ 20.03
07/16/07	97014 electrical stimulation	\$ 22.48
07/16/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
07/18/07	97010 hot/cold pack	\$ 20.03
07/18/07	97014 electrical stimulation	\$ 22.48
07/18/07	97110 52 Therapeutic Exercises Modified	\$ 25.09
07/30/07	99214 Medical Follow Up Visit - Med. Complex	\$ 71.49
08/06/07	Payer payment Chk#111016... applied to svcs: 05/04/07 - 05/04/07	\$ -154.30
08/06/07	Payer payment Chk#111016... applied to 97001 (05/07/07)	\$ -40.00
08/06/07	Payer payment Chk#111016... applied to 97014 (05/07/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97014 (05/09/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97014 (05/11/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97124 (05/11/07)	\$ -22.14
08/06/07	Payer payment Chk#111016... applied to 97014 (05/15/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97124 (05/15/07)	\$ -22.14
08/06/07	Payer payment Chk#111016... applied to 97110 (05/15/07)	\$ -22.90
08/06/07	Payer payment Chk#111016... applied to 97014 (05/17/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97124 (05/17/07)	\$ -22.14
08/06/07	Payer payment Chk#111016... applied to 97014 (05/18/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97110 (05/18/07)	\$ -25.09
08/06/07	Payer payment Chk#111016... applied to 97014 (05/22/07)	\$ -22.48
08/06/07	Payer payment Chk#111016... applied to 97110 (05/22/07)	\$ -25.09
08/06/07	Payer payment Chk#111016... applied to svcs: 05/29/07 - 05/29/07	\$ -38.06
08/06/07	Payer payment Chk#111016... applied to svcs: 05/31/07 - 06/07/07	\$ -114.17
08/06/07	Payer payment Chk#111016... applied to svcs: 06/12/07 - 06/14/07	\$ -76.11
08/06/07	Payer payment Chk#111016... applied to svcs: 06/15/07 - 06/20/07	\$ -130.51
08/06/07	Payer payment Chk#111016... applied to svcs: 06/18/07 - 06/18/07	\$ -677.14
08/06/07	Payer payment Chk#111016... applied to svcs: 06/27/07 - 06/27/07	\$ -38.06
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/07/07 - 05/11/07	\$ -100.11
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/15/07 - 05/17/07	\$ -84.76
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/18/07 - 05/22/07	\$ -40.06
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/29/07 - 05/29/07	\$ -29.54
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 05/31/07 - 06/07/07	\$ -88.63
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 06/12/07 - 06/14/07	\$ -59.09
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 06/15/07 - 06/20/07	\$ -76.18
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 06/18/07 - 06/18/07	\$ -441.66
08/06/07	REDUCED PER FEE SCHEDULE applied to svcs: 06/27/07 - 06/27/07	\$ -29.54

Total Sales Tax	: \$ 0.00
Total Late Charges	: \$ 0.00
Total Interest Charges	: \$ 0.00
Patients-Cash Rcvd	: \$ 0.00
Patients-Chks Rcvd	: \$ 0.00
Patients-Crdt Crd	: \$ 0.00
Payer Payments	: \$ 1565.21
REDUCED PER FEE SCHEDULE	: \$ 949.57

Total Charges	: \$ 2721.47
Total Received	: \$ 1565.21
Total Adjustment	: \$ 949.57
Balance (based on search)	: \$ 206.69

Bronx Medical Health Services, P.C.
Jean Daniel Francois, M.D. - Neurologist
3626 Bailey Avenue
Bronx, NY 10463
718 601-1713

Patient's Name: Kizzy Joye
Date of Accident: 4/22/07
Date of Exam: 5/4/07

Initial Medical Evaluation

History:

Ms. Kizzy Joye a 30-year-old female presented herself today for an examination of her injuries that she sustained during a motor vehicle accident. Ms. Joye states that on 4/22/07 she was sitting in the front passenger seat with her seatbelt on when the vehicle was forcefully hit on the driver's side. Then, while Ms. Joye entered the car from the front passenger side, her foot was on the street pavement when an 18-wheeler crashed into the car. Ms. Joye is unsure about head trauma. Subsequently, she was taken to the emergency room of Columbia Presbyterian Hospital where she was evaluated for her injuries, treated and later released. Since her pain persisted, she presented today for medical attention and treatment.

Present Complaints:

- Frontal headaches/Dizziness/loss of balance
- Neck pain radiating into her shoulders with numbness into her hands
- Lower back pain with numbness to her feet
- Right shoulder/foot pain (right foot trauma)

Past Medical History:

- Work injuries - negative
- Motor vehicle accidents - negative
- Serious illness/surgeries - Asthma
- Medication - Ibuprofen, Singulair, Albuterol, Vicodines

Occupational Status:

Ms. Joye stated that at the time of her accident, she was working full time as a commercial collector. To date, she has not yet returned to work and is, in my opinion, disabled from her original line of work due to her condition.

Musculoskeletal Examination:

Ms. Joye is a 30-year-old female. She is right-handed, measures 5'6 tall and weighs 330 pounds. Her hair color is black and her eyes are brown. A visible scar was noted on the left wrist. Visible tattoo markings were noted on her right ankle, left shoulder, neck. Ms. Joye last menstrual period was 4/23/07. Vital signs were checked and noted in stable condition.

Upon further examination, pain and discomfort was noted when palpating Ms. Joye's cervical spine. Reproduction of the patient's pain was also noted when evaluating the cervical spinal joints and paraspinal tissues. Protective guarding and splinting at the end range of motion was also noted. Furthermore, upon digital palpation of the muscles surrounding the affected areas, palpable tenderness and muscle spasms were felt along the muscle belly and insertion points. Evaluation of the lumbar spine revealed paraspinal tenderness and muscle spasms. There were complaints of tenderness when palpating along the interspinous spaces as well. In addition, restricted movement accompanied with pain at the end range of motion was also noted. Additionally, digital palpation of the musculature around the areas of involvement, revealed point tenderness and spasm.

Palpable pain and discomfort was noted during the evaluation of Ms. Joye's right shoulder. Assessment of the patient's motion showed restricted movement with protective guarding at the end range. Further palpation of the muscles surrounding the injured areas, revealed multiple sites of tenderness and spasm.

Patient's Name: Kizzy Joye
 Date of Accident: 4/22/07
 Date of Exam: 5/4/07

Page 2.

Assessment of Ms. Joye's right ankle and right foot revealed palpable pain and discomfort. In addition, further evaluation of the injured areas revealed multiple sites of myofascial irritation and spasm along the surrounding musculature. Palpable signs of right foot swelling were also noted.

Orthopedic Tests:

- The cervical compression tests were positive for neck pain in all directions.
- Kemp's test produced lower back pain with radiation into both lower extremities.
- The straight leg raise test was positive at 45 degrees bilaterally.
- Ms. Joye's orthopedic testing was partial due to patient's limited range of motion in the right foot, pain/bruising.

Neurological Examination:

The patient is awake, alert, oriented, speech is fluent, judgement is fair, insight is normal, abstraction, vocabulary, perception and emotional response are normal. Ms. Joye is legally blind in the left eye, no recuperation. Vision in the right eye.

Evaluation of the cranial nerves revealed end gaze nystagmus and a subjective feeling of vertigo during the visual field of gaze examination.

Range of Motion Testing:

The patient's ranges of motion were evaluated and her active measurements were reported utilizing statistical goniometric norms (values are given in degrees).

Cervical Spine

	<i>Normal</i>	<i>Exam</i>	<i>Strength</i>
Flexion	45	40	5-/5
Extension	45	35	5-/5
Right Lat. Flexion	45	40	5-/5
Left Lat. Flexion	45	40	5-/5
Right Rotation	80	70	5-/5
Left Rotation	80	70	5-/5

Lumbar Spine

	<i>Normal</i>	<i>Exam</i>	<i>Strength</i>
Flexion	90	65	5-/5
Extension	30	25	5-/5
Right Lat. Flexion	30	25	5-/5
Left Lat. Flexion	30	25	5-/5
Right Rotation	30	25	5-/5
Left Rotation	30	25	5-/5

Right Ankle

Range of motion testing of the right ankle was inconclusive due to patient's pain and tenderness.

Diagnosis:

Based on today's history and examination findings, the following is my diagnosis for Ms. Joye's condition as a result of a motor vehicle accident occurring on 4/22/07:

1. Traumatic musculo-ligamentous sprain/strain of the cervical spine rule out disc pathology - MRI pending
2. Traumatic musculo-ligamentous sprain/strain of the lumbar spine rule out disc pathology - MRI pending
3. Traumatic right shoulder sprain/sprain rule out internal derangement
4. Traumatic right foot sprain/strain
5. Musculoskeletal Pain Syndrome

Recommendations:

The history, subjective complaints and objective findings show evidence that the injuries sustained by Ms. Joye are due to the accident that occurred on 4/22/07. Ms. Joye sustained multiple spinal and extremity injuries as a result of this automobile related accident. Regarding the medical treatment of her spinal and extremity complaints, Ms. Joye will begin a complete physical therapy rehabilitation program consisting of electrical muscle stimulation, superficial/deep heat modalities as well as ultrasound to the affected areas. In addition to this, passive and active range of motion as well as

Patient's Name: Kizzy Joye
Date of Accident: 4/22/07
Date of Exam: 5/4/07

Page 3

isometric exercises will be gradually initiated. While in this initial phase of care, treatment will be rendered at a frequency of 4 times a week for 4 weeks at which point she will be re-evaluated.

At this time, an MRI of her cervical and lumbar spine is pending her response to conservative therapy. Further consideration will be determined at her next re-examination. The following diagnostic tests are deferred pending

Recommendations cont'd:

Ms. Joye's response to treatment: an extremity needle EMG/NCV study to rule out neuropathic involvement and a video electronystagmography to rule out central versus vestibular pathology as a cause of Ms. Joye's continued post-concussive complaints. As an adjunct to this treatment program, Ms. Joye was also prescribed an analgesic and muscle relaxant to help alleviate her pain and discomfort. Activities of daily living modifications such as avoiding heavy lifting, bending/straining and prolonged sitting were also given. Additionally, special instructions were explained to Ms. Joye these include resting in bed when her pain is present, applying ice to the affected areas (15min. on - 1hr off) as well as applying heat to the affected areas (15min. on - 1hr off). As an added part of the management of Ms. Joye's condition, consultations with additional allied health care specialists are in order specifically including an orthopedist.

Prognosis/Disability:

Pending further testing and Ms. Joye's response to treatment, my prognosis in this case for now is reserved.

 M.D.

Jean Daniel Francois, M.D.

Member of the American Academy of Neurological and Orthopaedic Surgeons

Member of the American Academy of Neurology

Member of the American Medical Association

Member of the New York Medical Society

Bronx Medical Health Services, P.C.
Jean Daniel Francois, M.D. - Neurologist
3626 Bailey Avenue
Bronx, NY 10463
718 601-1713

Patient's Name: Kizzy Joye
Date of Accident: 4/22/07
Date of Exam: 7/30/07

Follow-up Examination

Ms. Kizzy Joye was seen today for a follow-up visit relating to the injuries she sustained during her motor vehicle accident occurring on 4/22/07. Ms. Joye is currently receiving physical therapy regularly. She reports, however, that at this time she no longer notices an improvement in her condition with the prescribed treatment. At this time she complains of neck pain radiating into her shoulders, upper, middle, and lower back pain, and right shoulder pain. She also reports of right leg, ankle, and foot pain. Provocative factors include: walking, stretching, and standing. She reports that she experienced an exacerbation of her pain yesterday.

Physical Examination:

Pain and discomfort as well as restricted movement with protective guarding was noted during the evaluation of Ms. Joye's cervical and lumbar spine. Active myofascial trigger points were still present along the involved muscles; however, the referral pattern is now less severe. Additionally, her range of motion showed restricted movement with pain now noted at the extremes of motion.

Palpation of the upper extremity structures produced pain along the right shoulder. Also, latent myofascial trigger points were now noted along the involved musculature. Decreased motion and protective guarding was also observed at the end range of the affected joints, now to a lesser extent.

When palpating Ms. Joye's lower extremities tenderness was noted along the right foot. Moreover, digital palpation revealed latent myofascial trigger points along the affected muscles. Restricted movement and end range pain at the affected sites, though still present, was less severe.

No signs of joint swelling were present. Today's neurological examination revealed no significant changes from the previous evaluation.

Orthopedic Tests:

- The cervical compression tests were positive for neck pain with radiation into both upper extremities indicating the presence of a cervical spine disc lesion with nerve root irritation.
- Kemp's test produced lower back pain with radiation into both lower extremities.
- The straight leg raise test was positive at 50 degrees bilaterally.
- Upon palpation, the right foot presented with tenderness and stiffness.

Present Diagnosis:

At this time, my diagnosis for Ms. Joye remains unchanged.

Occupational Status/Disability:

To date, Ms. Joye has not yet returned to work and is, in my opinion, still disabled from her original line of work..

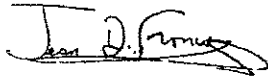
Recommendations:

It is in my opinion that Ms. Joye has achieved the maximum improvement her condition will allow with the present course of care; therefore, in office physical therapy treatments at this time will cease. Ms. Joye has been given advice to continue with the other forms of care that may be continuing to help her. Home care instructions including rehabilitative exercises were given as well as instructions to return if she should experience a flare-up or exacerbation. Activities of daily living modifications should also be maintained until next re-examination.

Patient's Name: Kizzy Joye
Date of Accident: 4/22/07
Date of Exam: 7/30/07
Page 2

Prognosis:

In my opinion, Ms. Joye's condition is chronic and my prognosis for her is fair. In regards to permanency, her residual deficits are permanent and will result in future pain and discomfort.

 M.D.

Jean Daniel Francois, M.D.
Member of the American Academy of Neurological and Orthopaedic Surgeons
Member of the American Academy of Neurology
Member of the American Medical Association
Member of the New York Medical Society

Bronx Medical Health Services, P.C.
3626 Bailey Avenue
Bronx, NY 10463
718-610-1713

Patient: JOYE, KIZZY
Patient ID: NCV L
Sex: Female

Age/DOB: 30
Height: 5'5
Weight: 330

Date 6-18-2007

Patient History:

Patient complains of persistent lower back pain radiating down in the right lower extremity.

Nerve Conduction Report:

Motor Nerves

Nerve	Site	Onset Lat (ms)	Peak Lat (ms)	Amplitude (mV)	Area (mVms)	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)
R PostTib	AbdHal			0-P (mV)	Neg	Neg		0		
	Ankle	3.94	7.64	6.86	13.845	5.16	Knee-Ankle	5.34	34.00	63.6
	Knee	9.28	13.59	0.23	0.563	5.48				
R Peroneal	EDB			0-P (mV)	Neg	Neg		0		
	Ankle	2.67	5.25	6.70	16.874	4.45	B Fib-Ankle	7.27	34.00	46.8
	B Fib	9.94	12.42	0.96	2.279	4.08				
L PostTib	AbdHal			0-P (mV)	Neg	Neg		0		
	Ankle	3.84	7.73	5.88	13.741	5.20	Knee-Ankle	6.05	35.00	57.9
	Knee	9.89	13.88	0.32	0.823	5.25				
L Peroneal	EDB			0-P (mV)	Neg	Neg		0		
	Ankle	2.53	5.11	6.38	16.760	4.64	B Fib-Ankle	7.92	33.00	41.7
	B Fib	10.45	12.80	0.67	1.846	4.50				

Sensory Nerves

Nerve	Site	Onset Lat (ms)	Peak Lat (ms)	Amplitude (µV)	Area (µVms)	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)
R Sural	LatMal			P-T (µV)	Neg	Neg		P		
	10 cm	2.09	2.91	4.78	-----	-----	10 cm-LatMal	2.91	14.00	48.2
R S Peron	Ankle			P-T (µV)	Neg	Neg		P		
	14 cm	1.94	3.03	3.99	-----	-----	14 cm-Ankle	3.03	14.00	46.2
L Sural	LatMal			P-T (µV)	Neg	Neg		P		
	10 cm	2.05	2.53	6.55	0.001	0.75	10 cm-LatMal	2.53	12.00	47.4

JOYE, KIZZY

Nerve	Site	Onset Lat (ms)	Peak Lat (ms)	Amplitude (mVms)	Area (ms)	Duration (ms)	Seg Name	Delta (ms)	Distance (cm)	Velocity (m/s)
L S Peron	Ankle			P-T (μ V)	Neg	Neg		P		
	14 cm	1.34	2.59	6.62	-----	-----	14 cm-Ankle	2.59	12.00	46.3

F/H Report:

Nerve	Muscle	Lat1 (ms)	Lat2 (ms)	Lat2 - Lat1 (ms)	Amplitude (μ V)
R Tibial F	AHB		48.44	48.44	
R H-Reflex H	Gast-Soleus	32.50		32.50	
R Peroneal F	EDB	43.91		43.91	
L Tibial F	AHB	49.84		49.84	
L H-Reflex H	Gast-Soleus	32.81		32.81	
L Peroneal F	EDB	43.91		43.91	

Findings:**Motor Nerve Conduction Study:**

Normal latencies, amplitudes and velocities in all nerves studied.

Sensory Nerve Study:

Sensory nerve conduction study showed normal latencies and amplitudes in all nerves studied.

Late Responses:

F-wave and H-reflex studies of bilateral tibial and peroneal nerves showed symmetrical latencies.

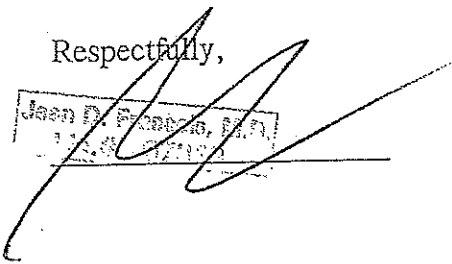
EMG:

Patient declined needle examination.

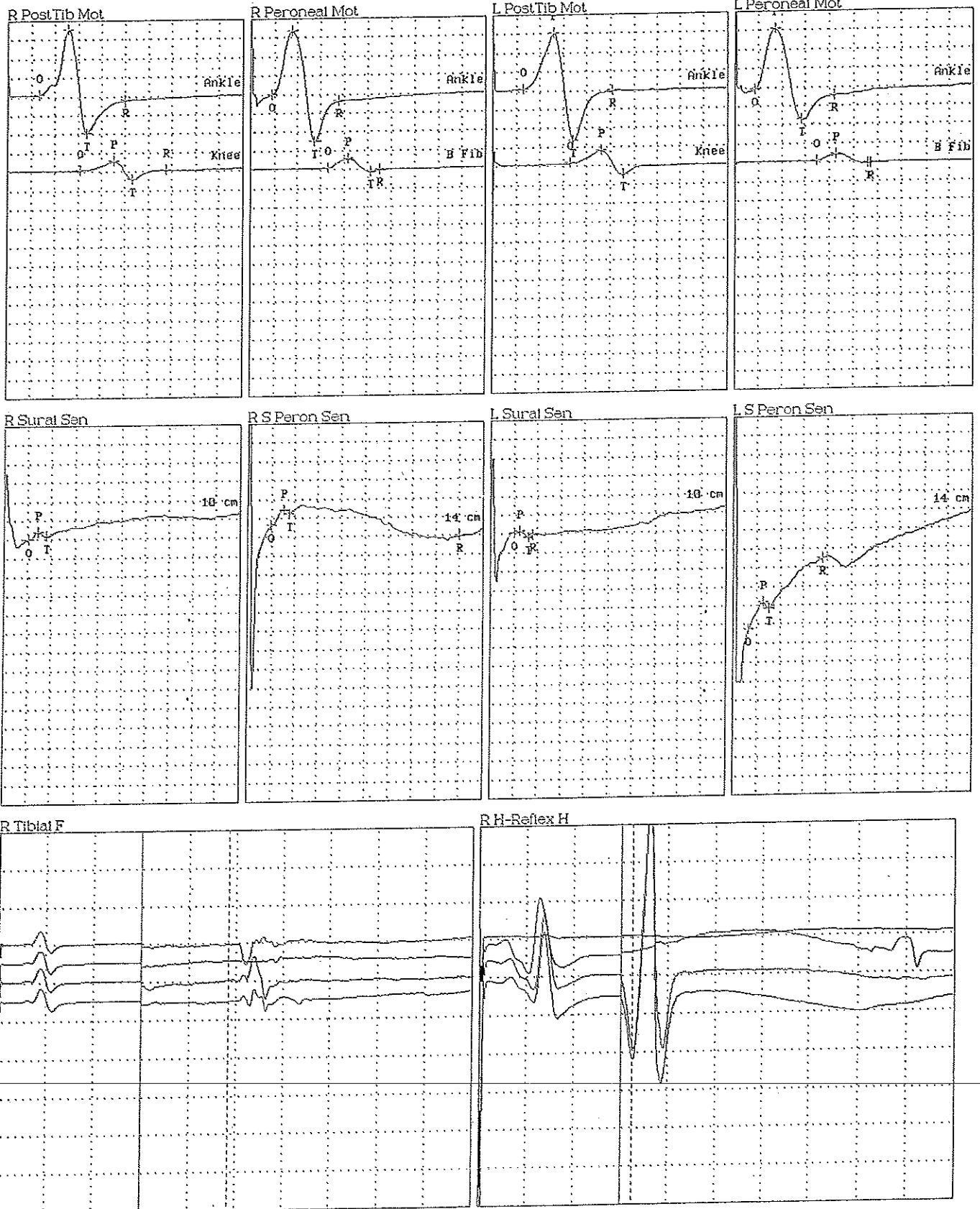
Conclusion:

Nerve conduction study is normal at the present time.

Respectfully,


 Jean D. Franco, M.D.
 12.15.08

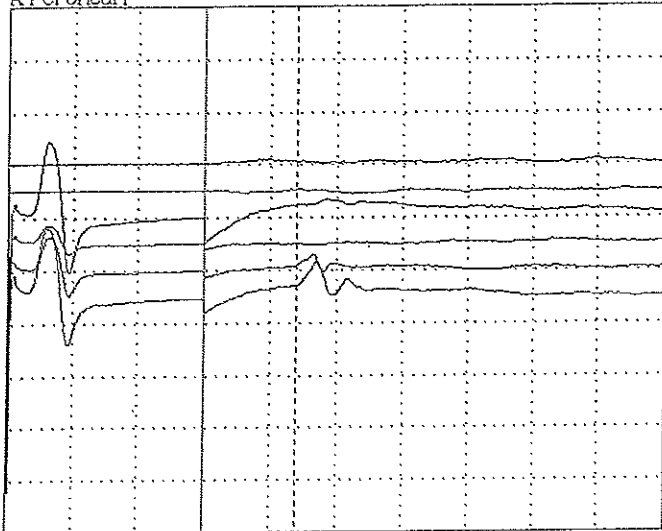
JOYE, KIZZY



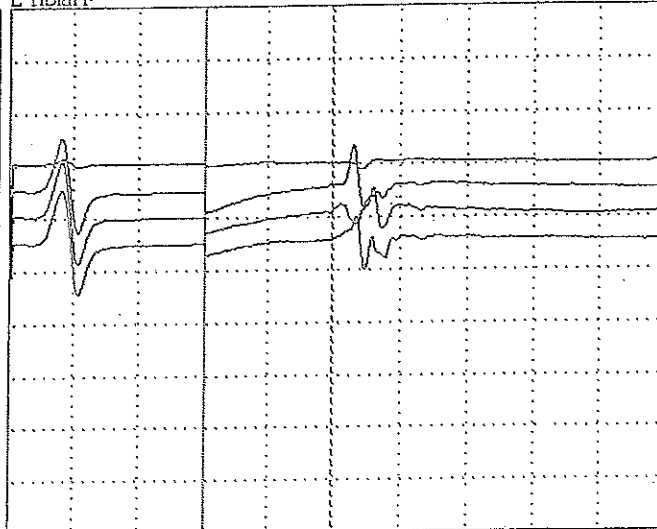
JOYE, KIZZY

4

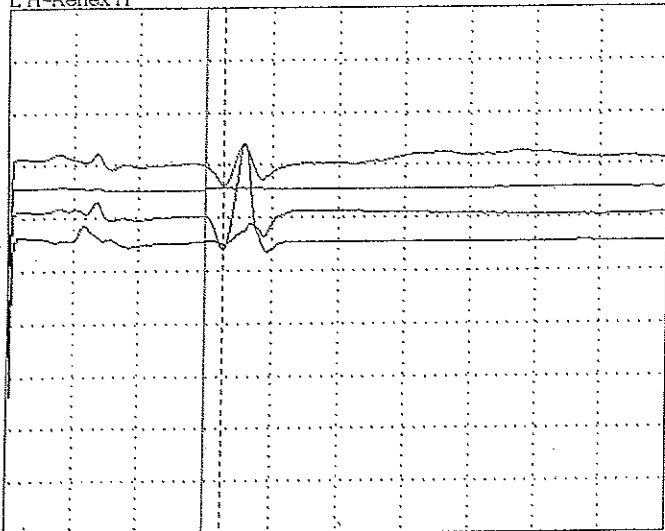
R Peroneal F



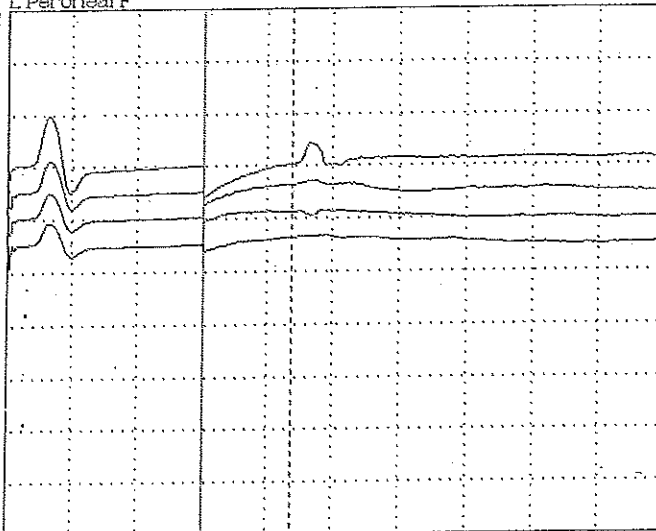
L Tibial F



L H-Reflex H



L Peroneal F



BRONX MEDICAL HEALTH SERVICES, P.C.

3626 Bailey Avenue, Bronx, NY 10463

Tel: (718) 601-1713 Fax: (718) 601-1712

INITIAL EVALUATION
PHYSICAL THERAPY PROGRAMPATIENT'S NAME: Joye, KironAGE: 30/10SEX: F

OCCUPATION: _____

DIAGNOSIS: Neck, @ Shoulder Pain
Low Back, @ facet PainDATE: 5/7/07HANDEDNESS RCURRENTLY WORKING? Y N

CODE: _____

HISTORY OF PRESENT INJURY / ILLNESS:

Present condition started 4/22/07 when she had an MVA. She was the restrained front passenger & wasn't engaged when a vehicle struck on the driver's side. She doesn't recall any head trauma or LOC. She sought urgent care @ Columbia Presbyterian. H. came in today for PT eval & tx.

PMH: Asthma

SOCIAL HISTORY: _____

MEDICATIONS: see M. Rx notesCHIEF COMPLAINT: HA-OP pain on neck, @ Shoulder in back & numbness
& pain on @ facetWHAT INCREASES PAIN: constant

WHAT DECREASES PAIN: _____

HOW SYMPTOMS INTERFERE WITH ADL'S / SLEEP: _____

OBJECTIVE:

VITAL SIGNS:

- ☒ Minimal / Moderate / Severe mmt spasm c/s guarding C/TLS paraspinals and _____
- ☒ Grade _____ tenderness at C/TLS and @ facet
- ☒ Trigger points on C/TLS paraspinal, R/L Trapezius and _____
- ☐ Crepitus c/s pain on _____
- ☒ Postural deviation:
- () flat neck () forward head () inc. thoracic kyphosis () dec. thoracic kyphosis () rounded shoulder
- () flat back () dextro / levo scoliosis () Others _____
- ☐ Gait deviation:
- () antalgic () stiff knee () dec. R/L step length () Others _____

LEFT			RIGHT		
ROM	MMT	MUSCLE	NORMAL	ROM	MMT
<p><i>Pain</i></p> <p><i>End</i></p> <p><i>mm</i></p>	<p><i>?</i></p>	FLEXION	0 - 45°	<p><i>Pain</i></p> <p><i>End</i></p> <p><i>mm</i></p>	<p><i>?</i></p>
		EXTENSION	0 - 45°		
		ROTATION	0 - 60°		
		LATERAL FLEXION	0 - 45°		

Pain level 1 2 3 4 5 6 7 8 9 10/10

LEFT		RIGHT	
ROM	MMT	MUSCLE	NORMAL
pain @ end wmm	?	FLEXION	0 - 80° / 4"
		EXTENSION	0 - 25°
		LAT FLEXION	0 - 35°
		ROTATION	0 - 45°

Pain level 1 2 3 4 5 6 7 8 9 10 / 10

EXCEPT for the ff:												
LEFT			RIGHT				LEFT			RIGHT		
ROM	MMT	MOTION MUSCLE	N°	ROM	MMT		ROM	MMT	MOTION MUSCLE	N°	ROM	MMT
		S FLEX	0-180°						H FLEX	0-120°		
		S EXT	0-45°						H EXT	0-30°		
		S ABD	0-180°						H ABD	0-45°		
		INT ROT	0-70°						H ADD	20-30°		
		EXT ROT	0-90°						INT ROT	0-35°		
		E FLEX	0-150°						EXT ROT	0-45°		
		E EXT	0						K FLEX	0-135		
		PRON	0-80°						K EXT	0		
		SUPIN	0-80°						DF	0-20°		
		W FLEX	0-80°						PF	0-50°		
		W EXT	0-70°						INV	0-35°		
		RAD DEV	0-20°						EV	0-15°		
		ULN DEV	0-30°									

Pain level 1 2 3 4 5 6 7 8 9 10/10

BRONX MEDICAL HEALTH SERVICES, P.C.
3626 Bailey Avenue, Bronx, NY 10463
Tel: (718) 601-1713 Fax: (718) 601-1712

Pt. experiences pain and/or difficulty in the ff ADLs:

- ☒ Ambulates c / s assistive device, \cong _____ blocks + _____
- ☒ Standing / Sitting Tolerance \cong _____ minutes
- ☒ Lifts light / medium / heavy weights c / s modification
- ☒ Bed mobility () independent () assist.
- ☒ Turns head () all direction () limitation
- ☒ Faulty body mechanics
- ☐ Others _____

SPECIAL TEST: _____

ASSESSMENT: Pt. Rehabilitation Potential for functional improvement is () poor () fair ☒ good
() excellent. Pt. will benefit from Skilled PT intervention to achieve the ff. goals:

- ☒ Decrease pain on C T L S region, @ shoulder, @ foot
- ☒ Improve strength of trunk
- ☒ Increase ROM on C T L S region
- ☒ Decrease spasm / guarding on C T L S paraspinals
- ☒ Improve posture / body mechanics in ADLs
- ☒ Improve patient's functional deficits.
- ☐ Others: _____

PLAN:

Pt. will undergo PT 4 x / wk for 4 wks. As D.O. dated 5/4/07

- ☒ HMP / Cold pack on C T L S region
- ☒ ES / TENS on C T L S region
- ☒ Therapeutic massage on C T L S region @ foot, @ shoulder
- ☐ US on C T L S region
- ☐ Paraffin Wax Bath on (R) (L) Hand
- ☒ Therapeutic Exercise
 - ☒ Cervical stability / mobility exercises
 - ☒ Lumbosacral stability / mobility exercises
- ☒ ROM / Stretching / Joint Mobility / PRE's
- ☒ Pt. education on home exercise program and proper body mechanics
- ☐ Others _____

REPORTED BY:

EDDA R. LOANANTAS, RPT
PHYSICAL THERAPIST
NY LICENSE # 026888

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Jaye, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 5/7/07 INITIAL EVAL

SUBJECTIVE COMPLAINTS: pain on neck, @ shoulder, in back,
in back, @ foot

OBJECTIVE FINDINGS: (+) tenderness on c/s, n/s, @ foot

ASSESSMENT/ PLAN/TREATMENT: Hump, estim x/s on neck / @ shoulder
& in back

Therapeutic Exercises: _____

Home Exercises Program: _____

☐ Macro 1 ☐ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: Kizzy Jaye

Doctor's Approval: _____

1. Date of Visit: 5/9/07

SUBJECTIVE COMPLAINTS: pain on neck, @ shoulder, in back, @ foot

OBJECTIVE FINDINGS: STB

ASSESSMENT/ PLAN/TREATMENT: Hump, estim x/s on neck / @ shoulder
& in back
Hump x/s on @ foot

Therapeutic Exercises: _____

Home Exercises Program: _____

☐ Macro 1 ☐ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: Kizzy Jaye

Doctor's Approval: _____

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Joye, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 5/11/07

SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ foot

OBJECTIVE FINDINGS: 8/6

ASSESSMENT/ PLAN/TREATMENT: HNP, ESTIM XIS on neck/shoulder &
in back
HNP XIS on @ foot
Massage @ foot

Therapeutic Exercises: _____

Home Exercises Program: _____

☐ Macro 1 ☐ Macro 2 ☐ Macro 3 ☒ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: _____

Doctor's Approval: _____

1. Date of Visit: 5/15/07

SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ foot

OBJECTIVE FINDINGS: 8/6

ASSESSMENT/ PLAN/TREATMENT: HNP, ESTIM XIS on neck/shoulder &
in back
HNP XIS on @ foot

Therapeutic Exercises: same, same as the.

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: _____

Doctor's Approval: _____

BRONX MEDICAL HEALTH SERVICES, P.C.

3626 Bailey Avenue
Bronx, NY 10463Patient Name: Duffy, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD1. Date of Visit: 5/17/07SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ footOBJECTIVE FINDINGS: SBASSESSMENT/ PLAN/TREATMENT: Hand, Exam XIS on neck/shoulder & in back
Hand XIS on @ foot
Massage c/brother

Therapeutic Exercises: _____

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input checked="" type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature]1. Date of Visit: 5/18/07SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ footOBJECTIVE FINDINGS: SBASSESSMENT/ PLAN/TREATMENT: Hand, Exam XIS on neck/shoulder & in back
Hand XIS on @ foot
Massage c/brotherTherapeutic Exercises: Posture, Ankle

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature]

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Jay Kirzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 5/22/07

SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ foot

OBJECTIVE FINDINGS: SB

ASSESSMENT/ PLAN/TREATMENT: HNP, Estim x15 on neck/shoulder & in back
HNP x15 on @ foot
Bladder - 1 bladder error

Therapeutic Exercises: PNUE, ANUE as tol.

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☒ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: _____

Doctor's Approval: _____

1. Date of Visit: 5/29/07

SUBJECTIVE COMPLAINTS: pain on neck, sh, in back, @ foot

OBJECTIVE FINDINGS: SB

ASSESSMENT/ PLAN/TREATMENT: HNP, Estim x15 on neck/sh & in back
HNP x15 on @ foot

Therapeutic Exercises: PNUE, ANUE as tol.

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: _____

Doctor's Approval: _____

BRONX MEDICAL HEALTH SERVICES, P.C.

3626 Bailey Avenue
Bronx, NY 10463Patient Name: Joye, Kirzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD1. Date of Visit: 5/31/07SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ footOBJECTIVE FINDINGS: NOASSESSMENT/ PLAN/TREATMENT: HNDP, Estim XIS on neck/shoulder & in back
HNDP XIS on @ footTherapeutic Exercises: MOVIE, ANOMIE as tol.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature] MD1. Date of Visit: 6/5/07SUBJECTIVE COMPLAINTS: pain on neck, shoulder, in back, @ footOBJECTIVE FINDINGS: NOASSESSMENT/ PLAN/TREATMENT: HNDP, Estim XIS on neck/shoulder & in back
HNDP XIS on @ footTherapeutic Exercises: MOVIE, ANOMIE as tol.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature] MD

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Jaye, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 6/7/07

SUBJECTIVE COMPLAINTS: pain in neck, in back, shld, @ foot

OBJECTIVE FINDINGS: SLB

ASSESSMENT/ PLAN/TREATMENT: HRP, Estm XIS in neck/shld & in back
HRP XIS @ foot

Therapeutic Exercises: PURM, ANOME as tol,

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: _____

Doctor's Approval: _____

1. Date of Visit: 6/12/07

SUBJECTIVE COMPLAINTS: pain in neck, in back, shld, @ foot

OBJECTIVE FINDINGS: SLB

ASSESSMENT/ PLAN/TREATMENT: HRP, Estm XIS in neck/shld &
in back
HRP XIS @ foot

Therapeutic Exercises: PURM, ANOME as tol,

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____

Physical Therapist Signature: _____

Patient's Signature: _____

Doctor's Approval: _____

M.D.

BRONX MEDICAL HEALTH SERVICES, P.C.
 3626 Bailey Avenue
 Bronx, NY 10463

Patient Name: Gaye, Kizzy DOI: _____ Referring Doctor: Jean Daniel Francois, MD

1. Date of Visit: 6/14/07

SUBJECTIVE COMPLAINTS: pain on neck, in back, sh, @ foot

OBJECTIVE FINDINGS: SB

ASSESSMENT/ PLAN/TREATMENT: Hand, Estom xis on neck/shldr & in back

Therapeutic Exercises: PHUNE, ANOME as fol,

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____ Physical Therapist Signature: [Signature]

Patient's Signature: [Signature] Doctor's Approval: [Signature] M.D.

1. Date of Visit: 6/15/07

SUBJECTIVE COMPLAINTS: pain on neck, in back, sh, @ foot

OBJECTIVE FINDINGS: SB

ASSESSMENT/ PLAN/TREATMENT: Hand, Estom xis on neck/shldr & in back

Therapeutic Exercises: PHUNE, ANOME as fol,

Home Exercises Program: _____

☐ Macro 1 ☒ Macro 2 ☐ Macro 3 ☐ Macro 4 ☐ Macro 5 ☐ Macro 6 ☐ Macro 7 ☐ Macro 8 ☐ Macro 9
☐ Macro 10 ☐ Macro 11 ☐ Macro 12 ☐ Macro 13 ☐ Macro 14 ☐ Macro 15 ☐ Macro 16 ☐ Macro 17 ☐ Macro 18

Treatment Frequency: _____ Physical Therapist Signature: [Signature]

Patient's Signature: [Signature] Doctor's Approval: [Signature] M.D.

BRONX MEDICAL HEALTH SERVICES, P.C.

3626 Bailey Avenue
Bronx, NY 10463Patient Name: Gaye, Kizzg DOI: _____ Referring Doctor: Jean Daniel Francois, MD1. Date of Visit: 6/20/07SUBJECTIVE COMPLAINTS: pain en neck, sh, in back, @ footOBJECTIVE FINDINGS: STBASSESSMENT/ PLAN/TREATMENT: HNP, ESTIM XIS en neck/shoulder & in backTherapeutic Exercises: PNOME, ANOME as the

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
<input type="checkbox"/> Macro 10	<input type="checkbox"/> Macro 11	<input type="checkbox"/> Macro 12	<input type="checkbox"/> Macro 13	<input type="checkbox"/> Macro 14	<input type="checkbox"/> Macro 15	<input type="checkbox"/> Macro 16	<input type="checkbox"/> Macro 17	<input type="checkbox"/> Macro 18

Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: Jean D. Francois M.D.1. Date of Visit: 6/27/07SUBJECTIVE COMPLAINTS: pain en neck, sh, in back, @ foot.OBJECTIVE FINDINGS: (+) trigger pts en paracervical abdASSESSMENT/ PLAN/TREATMENT: HNP, ESTIM XIS en neck/shoulder & in backTherapeutic Exercises: PNOME, ANOME as the

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
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Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: Jean D. Francois M.D.

BRONX MEDICAL HEALTH SERVICES, P.C.

3626 Bailey Avenue

Bronx, NY 10463

Patient Name: Sege, Kerry DOI: _____ Referring Doctor: Jean Daniel Francois, MD1. Date of Visit: 7/16/07SUBJECTIVE COMPLAINTS: pain on neck, in back, @ footOBJECTIVE FINDINGS: SBASSESSMENT/ PLAN/TREATMENT: AMP, Estom XIS on neck & in backTherapeutic Exercises: PT/MT, ANOMIE as tol.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
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Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature] M.D.1. Date of Visit: 7/16/07SUBJECTIVE COMPLAINTS: pain on neck, in back, @ footOBJECTIVE FINDINGS: SBASSESSMENT/ PLAN/TREATMENT: AMP, Estom XIS on neck & in backTherapeutic Exercises: PT/MT, ANOMIE as tol.

Home Exercises Program: _____

<input type="checkbox"/> Macro 1	<input checked="" type="checkbox"/> Macro 2	<input type="checkbox"/> Macro 3	<input type="checkbox"/> Macro 4	<input type="checkbox"/> Macro 5	<input type="checkbox"/> Macro 6	<input type="checkbox"/> Macro 7	<input type="checkbox"/> Macro 8	<input type="checkbox"/> Macro 9
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Treatment Frequency: _____

Physical Therapist Signature: [Signature]Patient's Signature: [Signature]Doctor's Approval: [Signature] M.D.

Jacob Lichy, M.D.
Thomas M. Kolb, M.D.

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street, New York, NY 10021 • TEL: 212-772-3111 • FAX: 212-288-1637 • www.lenoxhillradiology.com

May 17, 2007

JOYE, KIZZY
1510 Jesup Avenue
Bronx, New York 10452
Acct: 423960

J. Francois, M.D.
3626 Bailey Avenue
Bronx, New York 10463

Dear Dr. Francois:

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE: 5-14-07

The discs and vertebrae are normal. Bony alignment is unremarkable. There is straightening of the normal cervical lordosis.

IMPRESSION: There is straightening of the normal cervical lordosis representing pain and muscle spasm.

Thank you for referring this patient to our office.

Sincerely,



Jacob Lichy, M.D.

JL/cb
films delivered to the above address

Jacob Lichy, M.D.
Thomas M. Kolb, M.D.

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

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May 17, 2007

JOYE, KIZZY
1510 Jesup Avenue
Bronx, New York 10452
Acct: 423960

J. Francois, M.D.
3626 Bailey Avenue
Bronx, New York 10463

Dear Dr. Francois:

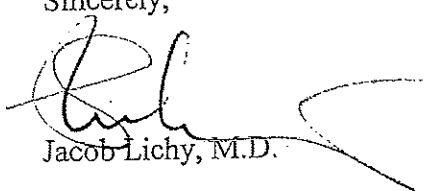
MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE: 5-14-07

The discs and vertebrae are normal. The contents of the thecal canal are unremarkable.

IMPRESSION: Normal MRI of the lumbar spine.

Thank you for referring this patient to our office.

Sincerely,


Jacob Lichy, M.D.

JL/cb
films delivered to the above address

Jacob Lichy, M.D.
Thomas M. Kolb, M.D.

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street, New York, NY 10021 • TEL: 212-772-3111 • FAX: 212-288-1637 • www.lenoxhillradiology.com

June 7, 2007

JOYE, KIZZY
1510 Jesup Avenue Apt. 17
Bronx, New York 10452
Acct: 423960

J. Cohen, M.D.
3626 Bailey Avenue
Bronx, New York 10463

Dear Dr. Cohen:

MAGNETIC RESONANCE IMAGING OF THE RIGHT FOOT: 6-04-07

Examination is centered on the tarsal and metatarsal regions. The marrow signal is normal with no evidence of acute fracture. There are no soft tissue masses or fluid collections. Correlation with plain films is necessary.

IMPRESSION: Normal examination of the mid foot. Correlation with plain films is necessary.

Thank you for referring this patient to our office.

Sincerely,



Thomas M. Kolb, M.D.

TK/cb
films delivered to the above address

copy

Jacob Lichy, M.D.
Thomas M. Kolb, M.D.

LENOX HILL RADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

61 East 77th Street, New York, NY 10021 • TEL: 212-772-3111 • FAX: 212-288-1637 • www.lenoxhillradiology.com

June 7, 2007

JOYE, KIZZY
1510 Jesup Avenue Apt. 17
Bronx, New York 10452
Acct: 423960

J. Cohen, M.D.
3626 Bailey Avenue
Bronx, New York 10463

Dear Dr. Cohen:

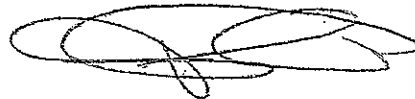
MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER: 6-04-07

The rotator cuff tendons are unremarkable. There are tears of both the anterior and posterior glenoid labra. There is a surrounding joint effusion. The marrow signal is normal.

IMPRESSION: Tears of the anterior and posterior glenoid labra. Joint effusion.

Thank you for referring this patient to our office.

Sincerely,



Thomas M. Kolb, M.D.

TK/cb
films delivered to the above address

STATE OF NEW YORK
COUNTY OF NEW YORK

**AFFIDAVIT OF SERVICE
BY MAIL**

I, MARIA PIZZO, being duly sworn, deposed and says that deponent is a secretary of the LAW OFFICE OF JOHN P. HUMPHREYS, attorneys for one of the parties herein; is over 18 years of age; is not a party to the action. The deponent served the papers noted below by regular mail, the same securely enclosed in the postage paid wrapper in the Letter Box maintained and exclusively controlled by the United States Postal Service at 485 Lexington Avenue, New York, New York 10017; directed to the said attorney(s) at the address indicated below; that being the address within the state designated by said attorney(s) for that purpose, or the place where said attorneys(s) then kept an office, between which places there then was and now is a regular communication by mail as follows:

Date mailed: June 13, 2008

Papers Served: **DECLARATION OF OPPOSITION**

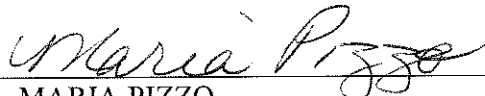
TO:

ROSENBAUM & ROSENBAUM
Plaintiff Counsel
50 Broadway, 26th Floor
New York, NY 10004

JENINE SHAW
Co-defendant
40 A Spruce Street
Newark, New Jersey 07102

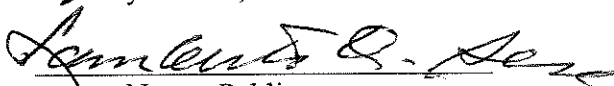
Morgan Melhuish Abrutyn
39 Broadway, 17th Floor
New York, New York 10006

United States Courthouse
500 Pearl Street, Room 1320
New York, New York


MARIA PIZZO

Sworn to before me this


13th day of June, 2008


Notary Public

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

Index No. :08 CIV 4998

KIZZY JOYE,

Plaintiff,

-against-

JENINE SHAW, EDGAR MEZA OVANDO AND JAIME LOPEZ,

Defendants.

DECLARATION OF OPPOSITION

**Law Office of
JOHN P. HUMPHREYS**

Attorneys for Defendant

JAIME LOPEZ

EDGAR MEZA-OVANDO

Office & P.O. Address

**485 Lexington Avenue, 7th Floor
New York, New York 10017**

Tel. No.: (917) 778-6600

Fax No.: (917) 778-7020

(917) 778-7022

TO:

Service of a copy of the within

is hereby admitted.

Dated:

Attorney(s) for

NOTICE OF ENTRY:

PLEASE TAKE NOTICE that the within is a true copy of an order entered in office of the Clerk of the above Court on the ____ day of _____ 200 .

NOTICE OF SETTLEMENT:

PLEASE TAKE NOTICE that the within proposed order will be presented for settlement and entry at the Courthouse on the ____ day of _____ 200 , at 10:00 a.m. at the office of the Clerk of the Part of this Court where the within described motion was heard.

Dated: New York, New York

Law Office of

JOHN P. HUMPHREYS

Attorneys for Defendant(s)

As Designated Above